

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRANDON JACKSON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, BRANDON JACKSON, is an adult resident of 16718 LORANCE HEIGHTS,
LITTLE ROCK AR 72206.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,352.86

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$1,537.86**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281551

Reygadas000991

Page 1 of 2

2524000279

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Brandon O Jackson

Account # 000006913

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,370.13
Payments	\$25.00-
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$7.73

New Balance	\$1,352.86
Statement closing date	05/10/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,352.86
Balance Payable To Avoid Further Interest Charges	\$1,352.86
Minimum Payment	\$40.00
Past Due	\$720.00
Total Due	\$760.00
Payment Due Date	06/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 YEARS	\$1,818.18
\$48.23	3 YEARS	\$1,704.88 Savings = \$113.30

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Trans Date	Post Date	Description	Amount
04/13/2016	04/14/2016	Payment - Thank You	\$25.00-
Interest Charged			
Trans Date	Post Date	Description	Amount
05/10/2016	05/11/2016	Interest Charges	\$7.73
		TOTAL INTEREST FOR THIS PERIOD	\$7.73

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



Account #	xxxxxx6913
New Balance	\$1,352.86
Due Date	06/05/2016
Total Due	\$760.00
Amount Enclosed	\$

69130007600000040001352866

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

000279

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301652810619132 #
Brandon O Jackson
16718 Lorraine Hights
Little Rock AR 72206-6935

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

JARED THE GALLERIA OF JEWELRY #2524

Park Avenue

310 South University Ave

Little Rock, AR 72205

Date: 12/13/2014

Time: 13:30:54

Sales Slip ID: 19372

Cardholder: JACKSON, BR
Account No: XXXXXX6913
Purchase Price: \$1220.76
Down Payment: \$50.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. WATCHES MUST BE UNWORN AND UNALTERED WITH ORIGINAL PACKAGING, INSTRUCTION AND WARRANTY DOCUMENTS. CUSTOM DESIGNED JEWELRY AND SPECIAL ORDERED WATCHES CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED THROUGH THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1170.76

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED GALLERIA OF JEWELRY Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance




Date of Birth

12/13/14
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

- 1 He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff") He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant BRANDON JACKSON's JARED account identified by the account number ~~000000~~6913.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,352.86, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51737077
00281551

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRANDON JACKSON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

BRANDON JACKSON

16718 LORANCE HEIGHTS, , LITTLE ROCK AR 72206

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281551

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



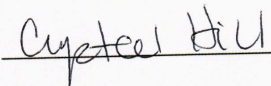
Arkansas Judiciary

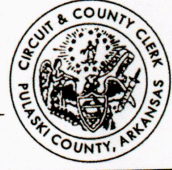
Case Title: DNF ASSOCIATES LLC V BRANDON JACKSON

Case Number: 60CV-19-552

Type: SUMMONS - FILER PREPARED

So Ordered


Crystal Hill

The seal of the Circuit & County Clerk of Pulaski County, Arkansas, featuring a central shield with a plow, a sheaf of wheat, and a cotton plant, surrounded by the words "CIRCUIT & COUNTY CLERK" and "PULASKI COUNTY, ARKANSAS".

Crystal Hill

SReygadas000997

ELECTRONICALLY FILED
Pulaski County Circuit Court
Terri Hollingsworth, Circuit/County Clerk
2019-Mar-25 17:40:37
60CV-19-552
C06D17 : 2 Pages

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 60CV-19-552

Hearing Date:

vs.

BRANDON JACKSON

Defendant/Respondent

DECLARATION OF SERVICE OF

Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on BRANDON JACKSON

☐ I personally delivered the **Summons; Complaint** to the individual at _____
[place] on _____ [date]; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____
after he/she refused to receive it when I offered it to him/her; or

☒ I left the **Summons; Complaint** with **Brittany Jackson**, a member of the defendant's family at least 18 years of age, at **13600 OTTER CREEK PKWY APT 109, LITTLE ROCK, Pulaski County, AR 72210**, a place where the defendant resides, on **23rd day of March, 2019**; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____
[place];

My fee is \$: \$ 65.00

REF: 00281551

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: 0034887276



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 23 day of March, 2019.

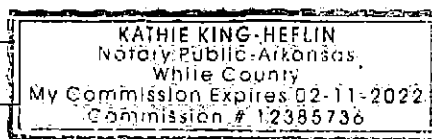
Jamie Heflin, Reg. # 1-CPS-2010-01, Circuit Courts of the First Judicial Circuit of Arkansas

Subscribed and Sworn to before me this 23 day of March, 2019.

Kathie C King-Heflin
NOTARY PUBLIC in and for the State of Arkansas

Residing at: Searcy AR

My commission expires 02-11-2022



Additional information regarding service or attempted service:

Brittany Jackson, SPOUSE, CO-RESIDENT, who accepted service, with identity confirmed by subject stating their name, a black female approx. 25-35 years of age, 5'4"-5'6" tall, weighing 160-180 lbs with blonde hair.



IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRIAN EDMONSON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, BRIAN EDMONSON, is an adult resident of 26414 HWY 10, NORTH
LITTLE ROCK AR 72135.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$4,133.20

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$4,318.20**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281547

P.O. Box 3680
Akron, OH 44309-3680

Previous Balance	\$4,086.53
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$46.67

New Balance	\$4,133.20
Statement closing date	04/18/2016
Days in billing cycle	31

New Balance	\$4,133.20
Balance Payable To Avoid Further Interest Charges	\$4,133.20
Minimum Payment	\$135.00
Past Due	\$945.00
Total Due	\$1,080.00
Payment Due Date	05/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	3 YEARS	\$5,158.63
\$143.26	3 YEARS	\$5,077.36 Savings = \$81.27

If you would like information about credit counseling services, call
1-866-477-6322

Trans Date	Post Date	Description	Amount
04/18/2016	04/19/2016	Interest Charges	\$46.67
		TOTAL INTEREST FOR THIS PERIOD	\$46.67
2016 Totals Year To-Date			
Total fees charged in 2016			\$0.00
Total interest charged in 2016			\$186.68



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION
PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx0355
New Balance	\$4,133.20
Due Date	05/13/2016
Total Due	\$1,080.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000683

KAY
JEWELERS
Every kiss begins with Kay.
kay.com

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301649316093556 #
Brian S Edmonson
12045 Paul Eells Dr Apt 204
North Little Rock AR 72113-7386

To review important notices, [click here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #1873

MCCAIN MALL

3929 MCCAIN BLVD, SUITE E05B

N LITTLE ROCK, AR 721160000

Date: 07/29/2015

Time: 16:33:54

Sales Slip ID: 39616

Cardholder: EDMONSON, BR
Account No: XXXXXX0355
Purchase Price: \$4198.93
Down Payment: \$400.00
Credit Plan: BR36

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$3798.93

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



Sreygadas001003

KAY KAY
JEWELERS
OUTLET
KAYJEWELERS.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.**NOTICE:** Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. ***Applicant Information:**

First Name: Brian M.I. Last Name: Edmonson Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: [Redacted] City: NUR State: AR Zip Code: 72113
Length of Time: 4 mos

Phone: [Redacted] Other Phone: [Redacted]

Statement Mailing Address: [Redacted]
(If different than above)

Previous Address: [Redacted] City: Roland State: AR Zip Code: 72135 Length of Time: 6 yrs
(If at current address less than 1 year)

Date of [Redacted] E-Mail Address: [Redacted]
By providing my E-mail address, I consent to receive E-mail communications about my Account.

Employer: [Redacted] Position: [Redacted] Self-Employed? Y N

Employer Address: [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Phone: [Redacted] Length of Time: 2 yrs

Previous Employer: [Redacted] Previous Length of Time: [Redacted]
(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [Redacted]

Name of Relative Not Living With You: [Redacted] State of Residence: AR

Joint Applicant Information:

First Name: [Redacted] M.I. [Redacted] Last Name: [Redacted] Suffix: [Redacted]
1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted] Length of Time: [Redacted]
(If different from primary applicant)

Phone: [Redacted] Social Security Number: [Redacted] Date of Birth: [Redacted] Driver's License #: [Redacted]

Employer Name and Address: [Redacted] Self-Employed? Y N

Phone: [Redacted] Gross Monthly Income: [Redacted] Length of Time: [Redacted] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [Redacted]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3690 AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: [Redacted] Address of Spouse: [Redacted]

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.**In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.**

Applicant: [Signature] Date: 3-16-19 Joint Applicant: X

0300-13S-C000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant BRIAN EDMONSON's KAY JEWELERS account identified by the account number [REDACTED] 30355.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,133.20, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI6379990
Qualified in Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51735061
00281547

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRIAN EDMONSON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

BRIAN EDMONSON

26414 HWY 10., NORTH LITTLE ROCK AR 72135

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281547

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V BRIAN EDMONDSON

Case Number: 60CV-19-550

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Timothy S. Bryant".



Timothy Bryant

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRITTNEY SEAMAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, BRITTNEY SEAMAN, is an adult resident of 2106 SE ATHERTON CIR,
Bentonville AR 72712.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,158.15

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,345.65**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288623

SReygadas001010

Page 1 of 2

2215000431



Customer Name Brittney Seaman
Account # [REDACTED] 8381

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,143.97
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$14.18

New Balance	\$1,158.15
Statement closing date	08/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,158.15
Balance Payable To Avoid Further Interest Charges	\$1,158.15
Minimum Payment	\$85.00
Past Due	\$595.00
Total Due	\$680.00
Payment Due Date	09/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	16 MONTHS	\$1,275.63

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
08/24/2016	08/25/2016	Interest Charges	\$14.18
		TOTAL INTEREST FOR THIS PERIOD	\$14.18

2016 Totals Year To-Date

Total fees charged in 2016	\$90.65
Total interest charged in 2016	\$97.06

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8381
New Balance	\$1,158.15
Due Date	09/19/2016
Total Due	\$680.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

[REDACTED] 838100068000000085001158156

000431



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301785321853814 #
Brittney Seaman
5931 Rees Rd Apt 186
Jonesboro AR 72401-9332

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425



16

Select the Type of Account: ☐ INDIVIDUAL ACCOUNT ☐ JOINT ACCOUNT ☐ COSIGNED ACCOUNT

☐ INDIVIDUAL ACCOUNT In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ JOINT ACCOUNT Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ COSIGNED ACCOUNT Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE **Total Monthly Income includes income from a job including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant's Information
First Name: Brittney M I Last Name: Seaman Suffix:
Home Address: 5931 Meigs Rd Apt 86 City: M State: IN Zip Code: 46001
Phone: [REDACTED] Name Phone Billed Under: [REDACTED] Other Phone: [REDACTED]
Length of Time at Address: 3 years
Statement Mailing Address (If different than above): [REDACTED]
Previous Address (If at current address less than 3 years): [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]
Driver's License: [REDACTED] Date: [REDACTED] E Mail Address: [REDACTED] By providing my E mail address, I consent to receive E mail communications about my Account.
Employer/Source of Income: [REDACTED] Position: [REDACTED] **Total Monthly Income: 2
Employer Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Phone: [REDACTED] Dept/Ext: [REDACTED] Length of Time at Employer: [REDACTED]
Self Employed? Y N (If Yes, please provide the name of your company in the Employer/Source of Income field above): [REDACTED]
Previous Employer (If with current employer less than 1 year): [REDACTED] Previous Length of Time: [REDACTED]
Nearest Relative Not Living With You: [REDACTED] State of Residence: [REDACTED] Phone: [REDACTED]

Joint Applicant Information
First Name: [REDACTED] M I Last Name: [REDACTED] Suffix: [REDACTED]
Home Address (If different from primary applicant): [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]
Phone: [REDACTED] Social Security Number: [REDACTED] Date of Birth: [REDACTED] Driver's License #: [REDACTED]
Employer/Source of Income: [REDACTED] Self Employed? Y N (If Yes, please provide the name of your company in the Employer/Source of Income field): [REDACTED]
Phone: [REDACTED] Length of Time at Employer: [REDACTED] **Total Monthly Income: [REDACTED]

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, you may combine your and your spouse's financial information above. Marital Agreement Notice: No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: [REDACTED] Address of Spouse: [REDACTED]

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: Brittney Seaman Date: 11/17 Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant BRITTNEY SEAMAN's KAY JEWELERS account identified by the account number [REDACTED] 8381.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,158.15, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51837095
00288623

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRITTNEY SEAMAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

BRITTNEY SEAMAN

2106 SE ATHERTON CIR, , Bentonville AR 72712

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BENTON COUNTY CIRCUIT COURT
BENTONVILLE, AR 72712

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288623

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SEAMAN

Case Number: 04CV-19-203

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script, reading "Maria E Delgado".



Maria E Delgado, Benton County
Deputy Clerk

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CASSANDRA MCGEE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, CASSANDRA MCGEE, is an adult resident of 1209 TOWERING OAKS
DR, JACKSONVILLE AR 72076.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$3,334.69

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$3,519.69**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281586

SReygadas001018

Page 1 of 2

2524000526

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Cassandra McGee**Account #** 0170007571**Questions?** - Visit us at www.jared.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,292.88
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$41.81

New Balance	\$3,334.69
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,334.69
Balance Payable To Avoid Further Interest Charges	\$3,334.69
Minimum Payment	\$155.00
Past Due	\$1,070.00
Total Due	\$1,225.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	26 MONTHS	\$3,938.43

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$41.81
		TOTAL INTEREST FOR THIS PERIOD	\$41.81

2016 Totals Year To-Date

Total fees charged in 2016	\$60.00
Total interest charged in 2016	\$323.36

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7571
New Balance	\$3,334.69
Due Date	09/05/2016
Total Due	\$1,225.00
Amount Enclosed	\$

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

000526

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

[To review important notices, click here](#)

#BWNCKTF
1301782619715714 #
Cassandra McGee
1209 Towering Oaks Dr
Jacksonville AR 72076

Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

SReygadas001019

JARED
The Galleria Of Jewelry
jared.com

21

SSN

*	*	*	-	*	*	-	9	8	9	3
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JARED Vault
JARED Jewelry Boutique
LE VIAN JARED

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:					
First Name: cassandra	M.I.	Last Name: mcgee	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input checked="" type="checkbox"/> N 3. Do you have established credit? <input checked="" type="checkbox"/> N	
Home Address:	Apt:		City: little rock	State: ar	Zip Code: 72205
Phone:	Name Phone Billed Under:		Other Phone:	Length of Time at Address: 5yr 0mo	
Statement Mailing Address: 123			little rock	ar	72205
Previous Address:			City:	State:	Zip Code:
Employer/Source of Income:			By providing my E-mail address, I consent to receive E-mail communications about my Account.		
Employer/Source of Income:			**Total Monthly Income		
City: portland			State: or	Zip Code: 97205	
Phone:	Dept/Ext.:		Length of Time at Employer: 1yr 0mo		
Self-Employed: <input checked="" type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field above)			Previous Employer:		Previous Length of Time:
Nearest Relative Not Living With You:			State of Residence: ar		Phone:

Joint Applicant Information:					
First Name:	M.I.	Last Name:	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input checked="" type="checkbox"/> N 3. Do you have established credit? <input checked="" type="checkbox"/> N	
Home Address: (If different from primary applicant)			City:	State:	Zip Code:
Phone:	Social Security Number:		Date of Birth:	Driver's License #:	
Employer/*Source of Income:			Self-Employed? <input checked="" type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field)		
Phone:	Length of Time at Employer:		**Total Monthly Income:		

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** **California Residents:** After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. **Ohio Residents:** THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. **New York Residents:** We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. **Wisconsin Residents:** If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X <i>Cassandra McGee</i>	Date: 11/11/2015	Joint Applicant: X
-------------------------------------	------------------	--------------------

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant CASSANDRA MCGEE's JARED account identified by the account number [REDACTED] 7571.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,334.69, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51792065
00281586

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CASSANDRA MCGEE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CASSANDRA MCGEE

1209 TOWERING OAKS DR., JACKSONVILLE AR 72076

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281586

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V CASSANDRA MCGEE

Case Number: 60CV-19-565

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script, reading "Timothy S. Bryant".



Timothy Bryant

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **60CV-19-565**

Hearing Date:

vs.

CASSANDRA MCGEE

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **CASSANDRA MCGEE**

☐

I personally delivered the **Summons; Complaint** to the individual at _____
_____ [place] on _____ [date]; or

☐

I left the **Summons; Complaint** in the proximity of the individual by _____
after he/she refused to receive it when I offered it to him/her; or

☒

I left the **Summons; Complaint** with Unknown Person who refused to give true name, a member of the
defendant's family at least 18 years of age, at **504 PAMELA DR, JACKSONVILLE, Pulaski County, AR 72076-4866**, a place where the defendant resides, on **6th day of March, 2019**; or

☐

I delivered the **Summons; Complaint** to _____ [name of individual], an
agent authorized by appointment or by law to receive service of summons on behalf of _____
[name of defendant] on _____ [date]; or

☐

I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on
the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return
receipt.

☐

I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and
received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐

Other [specify]: _____

☐

I was unable to execute service at _____
[place] : _____

My fee is \$: **\$ 65.00**

REF: **00281586**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0034096790**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS
By: _____
[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 6th day of March, 2019.

Safianne Walker
Safianne Walker, Reg. # 8/17/17, Circuit Court of the Sixth Judicial District of Arkansas

Subscribed and Sworn to before me this 6th day of March, 2019.

Laura C. Neale
NOTARY PUBLIC in and for the State of Arkansas
Residing at: Pulaski County
My commission expires 11.25.2025

LAURA C. NEALE
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 25, 2025
Commission No. 12696187

Additional information regarding service or attempted service:

John Doe, WHO REFUSED TO GIVE NAME, SPOUSE, CO-RESIDENT, who accepted service, a black-haired black male approx. 35-45 years of age, 5'6"-5'8" tall and weighing 200-240 lbs with glasses, a beard and a mustache.



IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHARLES MCCOLLUM

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, CHARLES MCCOLLUM, is an adult resident of 300 STONEWALL DR.,
JACKSONVILLE AR 72076.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

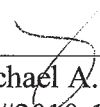
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$6,194.92

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$6,379.92**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281585

SReygadas001028

Page 1 of 2

2524000168

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Charles E McCollum Jr
Account # ██████████8808

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)

P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$6,123.58
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$71.34

New Balance	\$6,194.92
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$6,194.92
Balance Payable To Avoid Further Interest Charges	\$6,194.92
Minimum Payment	\$255.00
Past Due	\$2,855.00
Total Due	\$3,110.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	30 MONTHS	\$7,514.76

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$71.34
		TOTAL INTEREST FOR THIS PERIOD	\$71.34

2016 Totals Year To-Date

Total fees charged in 2016	\$639.32
Total interest charged in 2016	\$546.48

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8808
New Balance	\$6,194.92
Due Date	09/05/2016
Total Due	\$3,110.00
Amount Enclosed	\$

██████████88080031100000255006194920

Please make your check payable to JARED GALLERIA OF JEWELRY
 Payment mailing address is for remittance only

000168

JARED®
 The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
 P.O.Box 740425
 Cincinnati OH 45274-0425

#BWNCKTF
 # 1301588115818088 #
 Charles E McCollum Jr
 300 Stonewall Dr.
 Jacksonville AR 72076

To review important notices, click [here](#)

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

Park Avenue
310 South University Ave
Little Rock, AR 72205

Date: 07/17/2014

Time: 14:32:05

Sales Slip ID: 16146

Cardholder: MCCOLLUM, CH
Account No: XXXXXX8808
Purchase Price: \$4947.48
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. WATCHES MUST BE UNWORN AND UNALTERED WITH ORIGINAL PACKAGING, INSTRUCTION AND WARRANTY DOCUMENTS. CUSTOM DESIGNED JEWELRY AND SPECIAL ORDERED WATCHES CANNOT BE RETURNED OR EXCHANGED.

Total: \$4947.48

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED GALLERIA OF JEWELRY Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 


Date of Birth

07/17/14
Date

Sreygadas001030

The Galleria Of Jewelry
jared.com

21

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. *

Applicant Information:

First Name: Charles M.I. E Last Name: McCollum Suffix: JR
 Home Address: [REDACTED] City: Sherwood State: AR Zip Code: 72120
 Phone: [REDACTED] Length of Time: 5mth
 Previous Address: [REDACTED] State: AR Zip Code: 72113 Length of Time: 2 1/2 yrs
 Date of Birth: [REDACTED] E-Mail Address: [REDACTED] By providing my E-mail address, I consent to receive E-mail communications about my Account.
 City: Little Rock State: AR Zip Code: 72212
 Gross Monthly Income: [REDACTED] Length of Time: 1-10
 Previous Employer: [REDACTED] Previous Length of Time: [REDACTED]
 *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

Nearest Relative Not Living With [REDACTED] State of Residence: AR
 [REDACTED]

Joint Applicant Information:

First Name: [REDACTED] M.I. [REDACTED] Last Name: [REDACTED] Suffix: [REDACTED]
 Home Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]
 Phone: [REDACTED] Social Security Number: [REDACTED] Date of Birth: [REDACTED] Driver's License #: [REDACTED]
 Employer Name and Address: [REDACTED] Self-Employed? Y N
 Phone: [REDACTED] Gross Monthly Income: [REDACTED] Length of Time: [REDACTED] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I (WE) consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am listed under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X

Date: 7/27/14 Joint Applicant: X

0300-26J-0000 (R 10/13) 055480

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant CHARLES MCCOLLUM's JARED account identified by the account number ~~000000~~8808.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$6,194.92, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16378990
Qualified In Erie County
My Commission Expires 08-27-2022

51792064
00281585

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHARLES MCCOLLUM

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CHARLES MCCOLLUM

300 STONEWALL DR., JACKSONVILLE AR 72076

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281585

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V CHARLES MCCOLLUM

Case Number: 60CV-19-566

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script that reads "Timothy S. Bryant".



Timothy Bryant

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHELSEA LONG

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, CHELSEA LONG, is an adult resident of 5 SOUTH HARRELL RD,
MAYFLOWER AR 72106.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

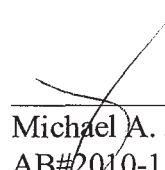
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,342.00

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,529.50**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293198

SReygadas001037

Page 1 of 2

1873100128

**Customer Name** Chelsea R Long**Account #** [REDACTED] 7639Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,325.48
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$16.52

New Balance	\$1,342.00
Statement closing date	11/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,342.00
Balance Payable To Avoid Further Interest Charges	\$1,342.00
Minimum Payment	\$85.00
Past Due	\$595.00
Total Due	\$680.00
Payment Due Date	12/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,505.55

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
11/18/2016	11/19/2016	Interest Charges	\$16.52
TOTAL INTEREST FOR THIS PERIOD			\$16.52

2016 Totals Year To-Date

Total fees charged in 2016	\$60.00
Total interest charged in 2016	\$115.64

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7639
New Balance	\$1,342.00
Due Date	12/13/2016
Total Due	\$680.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

100128

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1311717610796394 #
Chelsea R Long
5 South Harrell Rd
Mayflower AR 72106-9794To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #1873

MCCAIN MALL

3929 MCCAIN BLVD, SUITE E05B

N LITTLE ROCK, AR 721160000

Date: 03/29/2016

Time: 14:14:13

Sales Slip ID: 46914

Cardholder: LONG, CH
Account No: XXXXXX7639
Purchase Price: \$1166.36
Down Payment: \$0.00
Credit Plan: REC

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1166.36

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



KAY
JEWELERS
Every idea begins with Kay®
kay.com

KAY
JEWELERS
Every idea begins with Kay®
kayoutlet.com

16

Select the Type of Account you would like to apply for Please use blue or black ink to complete

☐ **INDIVIDUAL ACCOUNT** In one name and based solely on your own credit worthiness Applicant if married may apply for an individual account

☐ **JOINT ACCOUNT** Is based on credit worthiness of both applicant and joint applicant Both may use the account and will be liable and responsible for payments Both must sign below

☐ **COSIGNED ACCOUNT** Cosigner and applicant must each complete separate applications Only applicant will be permitted to use the account, but both will be liable and responsible for payments

NOTICE **Total Monthly Income Includes income from a job including full time part time or seasonal jobs or from self employment and includes bonuses tips and commissions It includes interest or dividends rental income retirement income or public assistance as well as profit from self employment It includes Shared income which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you If you are 21 or older you may also include income from others if you can use that income to pay your bills *Alimony child support or separate maintenance need not be revealed if you do not wish to rely on it to pay your credit

Applicant Information

First Name Chelsea M.I. R Last Name Long

Suffix

1 Are you a U.S. Citizen? Y N
2 Are you in the military? Y N
3 Do you have established credit? Y N

Apt

City

State

Zip Code

Name Phone Billed Under

Other Phone

Length of Time at Address

Statement Mailing Address
(if different than above)

Previous Address
(if at current address less than 3 years)

City

State

Zip Code

Length of Time

E Mail Address

By providing my E mail address I consent to receive E mail communications about my Account

Position

City

State

Zip Code

Employer Address

Phone

Dept/Ext

Length of Time at Employer

2

(If res. please provide the name of your company in the Employer/Source of Income field above)

Previous Employer
(If with current employer less than 1 year)

Previous Length of Time

Nearest Relative Not Living With You

State of Residence

AR

Joint Applicant Information:

First Name M.I. Last Name

Suffix

1 Are you a U.S. Citizen? Y N
2 Are you in the military? Y N
3 Do you have established credit? Y N

Home Address
(if different from primary applicant)

City

State

Zip Code

Length of Time

Phone

Social Security Number

Date of Birth

Driver's License #

Employer/Source of Income

Self Employed? Y N

(If Yes please provide the name of your company in the Employer/Source of Income field)

Phone

Length of Time at Employer

**Total Monthly Income

The information furnished on this application is complete and accurate to the best of my knowledge Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update renewal additional extension of credit replacement or refinancing of an extension of credit or collection of the account any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law Upon request I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680 STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES California Residents After credit approval each applicant shall have the right to use an open end credit plan to the extent of any limit we set and will be liable for all accounts extended under the plan to any joint applicant Ohio Residents THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW New York Residents We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid Wisconsin Residents If you are married and are applying for an individual Account you may combine your and your spouse's financial information above Marital Agreement Notice No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats. will adversely affect our rights unless we are furnished a copy of the agreement statement or decree or we have actual knowledge of its terms before credit is granted or the account is opened We are required to ask married residents of Wisconsin for the following information

Name of Spouse

Address of Spouse

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant X

Chelsea Long

Date 3/29/19 Joint Applicant X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant CHELSEA LONG's KAY JEWELERS account identified by the account number [REDACTED] 7639.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,342.00, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51897877
00293198

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHELSEA LONG

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CHELSEA LONG

5 SOUTH HARRELL RD., MAYFLOWER AR 72106

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293198

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V CHELSEA LONG

Case Number: 23CV-19-119

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink, appearing to read "J. Wiggs".

J.WIGGS



IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHRIS FORSHEE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, CHRIS FORSHEE, is an adult resident of 4002 HWY 64 W, CONWAY AR
72034.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$2,333.47

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$2,520.97**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281589

SReygadas001045

Page 1 of 2

1874000555

**Customer Name** Chris W Forshee**Account #** [REDACTED] 0737Questions? - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$2,304.48
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$28.99

New Balance	\$2,333.47
Statement closing date	07/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$2,333.47
Balance Payable To Avoid Further Interest Charges	\$2,333.47
Minimum Payment	\$125.00
Past Due	\$875.00
Total Due	\$1,000.00
Payment Due Date	08/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	22 MONTHS	\$2,684.90

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
07/18/2016	07/19/2016	Interest Charges	\$28.99
TOTAL INTEREST FOR THIS PERIOD			\$28.99

2016 Totals Year To-Date

Total fees charged in 2016	\$85.00
Total interest charged in 2016	\$201.68

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx0737
New Balance	\$2,333.47
Due Date	08/13/2016
Total Due	\$1,000.00
Amount Enclosed	\$

[REDACTED] 07370010000000125002333474

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000555

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301773313097376 #
Chris W Forshee
PO Box 2653
Conway AR 72033-2653To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #1874

PARK PLAZA MALL

6000 W. Markham St. Space 3116

LITTLE ROCK, AR 722050000

Date: 12/04/2015

Time: 20:58:50

Sales Slip ID: 54207

Cardholder: FORSHEE, CH
Account No: X000000737
Purchase Price: \$2746.79
Down Payment: \$700.00
Credit Plan: REC

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$2046.79

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

A handwritten signature in black ink, appearing to read "C. Forshee", with a stylized flourish at the end.

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant CHRIS FORSHEE's KAY JEWELERS account identified by the account number [REDACTED] 0737.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,333.47, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51794610
00281589

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHRIS FORSHEE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CHRIS FORSHEE

4002 HWY 64 W., CONWAY AR 72034

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281589

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES, LLC V CHRIS FORSHEE

Case Number: 23CV-19-113

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink, appearing to read "J. Wiggs".

J.WIGGS



IN THE CIRCUIT COURT OF BOONE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

COLLEEN WILSON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, COLLEEN WILSON, is an adult resident of 3808 LAYTON DRIVE,
HARRISON AR 72601.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$2,158.27

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$2,345.77**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281594

SReygadas001053

Page 1 of 2

2524100147

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Colleen M Wilson

Account # [REDACTED] 9039

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,582.26
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$33.99

New Balance	\$2,616.25
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,616.25
Balance Payable To Avoid Further Interest Charges	\$2,616.25
Minimum Payment	\$150.00
Past Due	\$905.00
Total Due	\$1,055.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$2,977.53

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$33.99
		TOTAL INTEREST FOR THIS PERIOD	\$33.99

2016 Totals Year To-Date

Total fees charged in 2016	\$95.00
Total interest charged in 2016	\$271.44

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9039
New Balance	\$2,616.25
Due Date	09/05/2016
Total Due	\$1,055.00
Amount Enclosed	\$

[REDACTED] 0390010550000150002616258

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

100147

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1600083919910396 #
Colleen M Wilson
3808 Layton Drive
Harrison AR 72601

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant COLLEEN WILSON's JARED account identified by the account number [REDACTED] 9039.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,158.27, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51797153
00281594

IN THE CIRCUIT COURT OF BOONE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

COLLEEN WILSON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

COLLEEN WILSON

3808 LAYTON DRIVE., HARRISON AR 72601

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BOONE COUNTY CIRCUIT COURT
HARRISON, AR 72601

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281594

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES V COLLEEN WILSON

Case Number: 05CV-19-21

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink, appearing to read "Susan Stills".



Susan Stills, Boone County Deputy
Clerk

ELECTRONICALLY FILED
Boone County Circuit Court
Judy Kay Harris, Circuit Clerk
2019-Mar-05 17:07:29
05CV-19-21
C14D01 : 2 Pages

IN THE CIRCUIT COURT OF BOONE COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 05CV-19-21

Hearing Date:

vs.

COLLEEN WILSON

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **COLLEEN WILSON**

☒ I personally delivered the **Summons; Complaint** to **COLLEEN WILSON** at **3808 LAYTON DRIVE, HARRISON, Boone County, AR 72601** on **28th day of February, 2019**; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or

☐ I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of [name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: 00281594

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: 0033896817

To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 1st day of MARCH, 2019

Rhonda Gail Henderson

Rhonda Gail Henderson, Reg. # Unknown, Marion, Baxter, Boone and Marion

Subscribed and Sworn to before me this 15th day of March, 2019.

Kathy Hudson

NOTARY PUBLIC in and for the State of Arkansas

Residing at: 210 W. 7th St. Mt Home AR 72653

My commission expires 2-8-2022



Additional information regarding service or attempted service:

COLLEEN WILSON, Who accepted service, with identity confirmed by subject saying yes when named, a black-haired white female approx. 18-25 years of age, 5'8"-5'10" tall and weighing 180-200 lbs.



IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

DEWAYNE CARMACK

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, DEWAYNE CARMACK, is an adult resident of 33 CANEY CREEK RD #B,
CONWAY AR 72032.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,290.97

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,478.47**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288629

SReygadas001062

Page 1 of 2

2328000065



Customer Name Dewayne Carmack
Account # [REDACTED] 9301

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,275.16
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$15.81

New Balance	\$1,290.97
Statement closing date	08/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,290.97
Balance Payable To Avoid Further Interest Charges	\$1,290.97
Minimum Payment	\$95.00
Past Due	\$645.00
Total Due	\$740.00
Payment Due Date	09/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	15 MONTHS	\$1,421.52

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/18/2016	08/19/2016	Interest Charges	\$15.81
		TOTAL INTEREST FOR THIS PERIOD	\$15.81

2016 Totals Year To-Date

Total fees charged in 2016	\$164.93
Total interest charged in 2016	\$126.18

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9301
New Balance	\$1,290.97
Due Date	09/13/2016
Total Due	\$740.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

000065



#BWNCKTF
1301288216993019 #
Dewayne Carmack
PO Box 1804
Glenwood AR 71943-1804

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 12/06/2014

Time: 14:19:42

Sales Slip ID: 67068

Cardholder: CARMACK, DE
Account No: XXXXXX9301
Purchase Price: \$985.49
Down Payment: \$0.00
Credit Plan: REC

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS PROVIDED THEY ARE IN ORIGINAL CONDITION (UNWORN AND UNALTERED) AND ACCOMPANIED BY THE ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. CUSTOM DESIGNED MERCHANDISE, CLASS RINGS, SPECIAL ORDERED WATCHES AND ITEMS ENGRAVED WITH PERSONALIZED INFORMATION CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED THROUGH THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$985.49

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



KAY
JEWELERS
Sterling Jewelers Inc.
kay.com

SReygadas001064

16

Seller, tell me and how you would like to apply for credit. Please fill in or place a checkmark in the appropriate box.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:			
First Name: <u>DAWAYNE</u>	M.I.: <u></u>	Last Name: <u>CONNICK</u>	Suffix: <u></u>
Home Address: <u>67 Baker Rd</u>		Apt: <u></u>	City: <u>Glenwood</u>
State: <u>AR</u>	Zip Code: <u>7194</u>	Phone: <u>870 828 8629</u>	
Name Phone Billed Under: <u>PO Box 1804</u>		Other Phone: <u></u>	Length of Time: <u>7 yrs</u>
Statement Mailing Address: <u>PO Box 1804</u>			
Previous Address: <u></u>			
City: <u></u>		State: <u></u>	Zip Code: <u></u>
E-Mail Address: <u></u>		Employment: <u></u>	
Position: <u></u>		Self-Employed? <u>Y</u> <u>N</u>	
City: <u></u>		State: <u></u>	Zip Code: <u></u>
Gross Monthly Income: <u>\$1000.00</u>		Length of Time: <u>4 yrs</u>	
Previous Employer: <u></u>		Previous Length of Time: <u></u>	
Other Monthly Income Amount That Could Be Used To Repay Your Obligation: <u></u>			
Least Relative Not Listed Above: <u></u>			
State of Residence: <u>AR</u>			

Joint Applicant Information:			
First Name: <u></u>	M.I.: <u></u>	Last Name: <u></u>	Suffix: <u></u>
Home Address: <u></u>		City: <u></u>	State: <u></u>
Phone: <u></u>	Social Security Number: <u></u>	Date of Birth: <u></u>	Driver's License #: <u></u>
Employer Name and Address: <u></u>		Self-Employed? <u>Y</u> <u>N</u>	
Gross Monthly Income: <u></u>	Length of Time: <u></u>	Other Monthly Income Amount That Could Be Used To Repay Your Obligation: <u></u>	

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account or other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant is liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information: above Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE ON AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my cell plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: DAWAYNE CONNICK Date: 3-24-11 Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant DEWAYNE CARMACK's KAY JEWELERS account identified by the account [REDACTED] 9301.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hercof August 28, 2018 is in the sum of \$1,290.97, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51840269
00288629

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

DEWAYNE CARMACK

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

DEWAYNE CARMACK

33 CANEY CREEK RD #B, , CONWAY AR 72032

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288629

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ .m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V DEWAYNE CARMACK

Case Number: 23CV-19-116

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink, appearing to read "J. Wiggs".

J. WIGGS



IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

EDUARDO ALBARRAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, EDUARDO ALBARRAN, is an adult resident of 2302 W PERSIMMON ST
#21, ROGERS AR 72756.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$3,246.09

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$3,433.59**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.

Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293179

SReygadas001070

Page 1 of 2

2266000080

**Customer Name** Eduardo Albarran**Account #** [REDACTED] 5607Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,205.97
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$40.12

New Balance	\$3,246.09
Statement closing date	11/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,246.09
Balance Payable To Avoid Further Interest Charges	\$3,246.09
Minimum Payment	\$140.00
Past Due	\$870.00
Total Due	\$1,010.00
Payment Due Date	12/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	28 MONTHS	\$3,895.17

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
11/24/2016	11/25/2016	Interest Charges	\$40.12
		TOTAL INTEREST FOR THIS PERIOD	\$40.12

2016 Totals Year To-Date

Total fees charged in 2016	\$297.06
Total interest charged in 2016	\$328.60

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx5607
New Balance	\$3,246.09
Due Date	12/19/2016
Total Due	\$1,010.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000080

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1311515820556073 #
Eduardo Albarran
2302 W Persimmon St #21
Rogers AR 72756-3283[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

SReygadas001070

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant EDUARDO ALBARRAN's KAY JEWELERS account identified by the account number [REDACTED] 5607.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,246.09, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51904084
00293179

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

EDUARDO ALBARRAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

EDUARDO ALBARRAN

2302 W PERSIMMON ST #21, , ROGERS AR 72756

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BENTON COUNTY CIRCUIT COURT
BENTONVILLE, AR 72712

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293179

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ALBARRAN

Case Number: 04CV-19-205

Type: SUMMONS - FILER PREPARED

So Ordered

Blythe Reid



Blythe L Reid, Benton County Deputy
Clerk

Electronically signed by BLREID on 2019-01-30 08:18:02 page 3 of 3

ELECTRONICALLY FILED
Benton County Circuit Court
Brenda DeShields, Circuit Clerk
2019-Feb-27 16:01:26
04CV-19-205
C19WD04 : 2 Pages

IN THE CIRCUIT COURT OF BENTON COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **04CV-19-205**

Hearing Date:

vs.

EDUARDO ALBARRAN

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **EDUARDO ALBARRAN**

☒ I personally delivered the **Summons; Complaint** to **EDUARDO ALBARRAN** at **1605 W MIMOSA ST, ROGERS, Benton County, AR 72758** on **22nd day of February, 2019**; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or

☐ I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____ [place] : _____

My fee is \$: **\$ 65.00**

REF: **00293179**

SReygadas001075

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0033595828**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS
By: _____
[Signature of server]

[Printed name, title, and badge number]

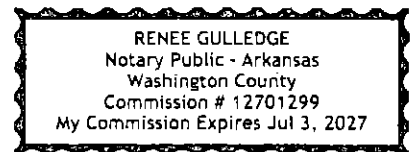
To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 26 day of February, 2019.

Steven Bowen
Steven Bowen, Reg. # 7216, Circuit court of Washington County

Subscribed and Sworn to before me this 20 day of February 2019.

Renee Gullette
NOTARY PUBLIC in and for the State of Arkansas
Residing at: Washington County
My commission expires 07-03-2027



Additional information regarding service or attempted service:

EDUARDO ALBARRAN, Who accepted service, with identity confirmed by subject saying yes when named, an Hispanic male approx. 35-45 years of age, 5'8"-5'10" tall, weighing 200-240 lbs with brown hair with an accent.



IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF ASSOCIATES, LLC

PLAINTIFF

vs.

CASE NO. CV-2019-0205-4

EDUARDO ALBARRAN

DEFENDANT

NOTICE OF HEARING FOR DEFAULT TESTIMONY

Please take notice that the above captioned matter has been scheduled for hearing by the Court for default testimony by Plaintiff on **May 20th, 2019, at 9:00 a.m.** before the Honorable John R. Scott in Room 208 of the Benton County Courthouse, Bentonville, Arkansas.

If the necessary documents and/or pleadings are submitted, approved, and filed prior to the date of this scheduled hearing, your appearance and that of your client may not be necessary.

ALSO, please advise the Court upon receipt of this notice if an interpreter is needed for this hearing. This Court requires a Court certified interpreter be present if needed.

This Document Electronically Signed By:

JOHN R. SCOTT
CIRCUIT JUDGE
March 25, 2019

cc: Michael A. Jacob, II
Attorney at Law
mjacob@jacoblawgroup.com

This document has been filed electronically. A filed copy of this document can be obtained at <http://caseinfo.aoc.arkansas.gov/>



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ALBARRAN

Case Number: 04CV-19-205

Type: SCHEDULING ORDER

So Ordered

A handwritten signature in cursive script that reads "John R. Scott".



JUDGE JOHN SCOTT

Electronically signed by JRSCOTT on 2019-03-25 18:12:28 page 2 of 2

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ELMIRE WILLIAMS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, ELMIRE WILLIAMS, is an adult resident of 4004 EMERSON DR, NORTH
LITTLE ROCK AR 72118.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$4,585.78

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$4,770.78**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281575

SReygadas001081

Page 1 of 2

1873000103

**Customer Name** Elmore Williams**Account #** 0000000546**Questions?** - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$4,545.79
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$39.99

New Balance	\$4,585.78
Statement closing date	06/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,585.78
Balance Payable To Avoid Further Interest Charges	\$4,585.78
Minimum Payment	\$205.00
Past Due	\$1,700.00
Total Due	\$1,905.00
Payment Due Date	07/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	27 MONTHS	\$5,460.07

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
06/18/2016	06/19/2016	Interest Charges	\$39.99
TOTAL INTEREST FOR THIS PERIOD			\$39.99

2016 Totals Year To-Date

Total fees charged in 2016	\$438.16
Total interest charged in 2016	\$233.78

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx0546
New Balance	\$4,585.78
Due Date	07/13/2016
Total Due	\$1,905.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000103


KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425[To review important notices, click here](#)#BWNCKTF
1301360412095467 #
Elmore Williams
4004 Emerson Dr
North Little Rock AR 72118-4622Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit.

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ELMIRE WILLIAMS's KAY JEWELERS account identified by the account number ~~000000~~ 0546.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,585.78, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51751068
00281575

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ELMIRE WILLIAMS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ELMIRE WILLIAMS

4004 EMERSON DR., , NORTH LITTLE ROCK AR 72118

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281575

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ELMIRE WILLIAMS

Case Number: 60CV-19-564

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script that reads "Timothy S. Bryant".



Timothy Bryant

SReygadas001086

ELECTRONICALLY FILED
Pulaski County Circuit Court
Terri Hollingsworth, Circuit/County Clerk
2019-Feb-28 20:17:30
60CV-19-564
C06D17 : 2 Pages

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **60CV-19-564**

Hearing Date:

vs.

ELMIRE WILLIAMS

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **ELMIRE WILLIAMS**

☒ I personally delivered the **Summons; Complaint** to **ELMIRE WILLIAMS** at **4004 EMERSON DR, NORTH LITTLE ROCK, Pulaski County, AR 72118** on **25th day of February, 2019**; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or

☐ I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____ [place]: _____

My fee is \$: **\$ 65.00**REF: **00281575**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE

Tracking #: **0033720807**

To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS
By: _____
[Signature of server]

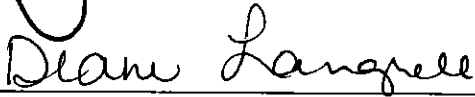
[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 27 day of Feb, 2019.

 Jeff Barnett, Reg. # no file number, 6th Judicial District (Pulaski)

Subscribed and Sworn to before me this 27 day of Feb, 2019.



NOTARY PUBLIC in and for the State of **Arkansas**

Residing at: _____

My commission expires _____

Diane Langrell Pulaski NOTARY PUBLIC -- ARKANSAS My Commission Expires March 5, 2028 Commission No. 12703520
--

Additional information regarding service or attempted service:

ELMIRE WILLIAMS, Who accepted service, with identity confirmed by subject saying yes when named, a black male approx. 35-45 years of age, 5'6"-5'8" tall weighing 120-140 lbs with a beard.



Sreygadas001088

FILED

JAN 29 2019
10:45 AM
LESLIE MASON
CIRCUIT CLERK

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. 478CV-19-17 (RL)

ETHAN BRYANT

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, ETHAN BRYANT, is an adult resident of 2139 EDWARDS ST,
BLYTHEVILLE AR 72315.

II.

Plaintiff, holds in due course a claim against the Defendant pursuant to a KAY
JEWELERS account. This account is in default and is presently due and owing in the amount
listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,346.36
2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$167.50
- TOTAL: \$1,513.86**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.

Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293203

Sreygadas001090

16

KAY
JEWELERS
very low prices with Kay®
kay.com

Individual Account: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

Joint Account: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

Cosigned Account: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:

First Name: Ethan M.I.: B Last Name: Bryant Suffix:

Home Address: 2139 Edwards Apt: City: Blytheville State: Ark Zip Code: 72315

Phone: [REDACTED] Name Phone Billed Under: [REDACTED] Other Phone: [REDACTED] Length of Time: 2 yrs

Statement Mailing Address: (if different than above)

Previous Address: (if at current address less than 3 years) City: State: Zip Code: Length of Time:

Driver's License #: [REDACTED] Date of: [REDACTED] E-Mail Address: [REDACTED] By providing my E-mail address, I consent to receive E-mail communications about my Ac

Employer: [REDACTED] Position: Self-Employed? Y N

Employer Address: City: State: AR Zip Code:

Phone: [REDACTED] Dept/Ext.: Gross Monthly Income: [REDACTED] Length of Time: 2 months

Previous Employer: (if with current employer less than 1 year) Previous Length of Time:

Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Living With You: [REDACTED] State of Residence: Arkansas Phone: [REDACTED]

Joint Applicant Information:

First Name: M.I.: Last Name: Suffix:

Home Address: (if different from primary applicant) City: State: Zip Code: Length of Time:

Phone: Social Security Number: Date of Birth: Driver's License #:

Employer Name and Address: Self-Employed? Y N

Phone: Gross Monthly Income: Length of Time: Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report. connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account. any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant is liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant X Ethan Bryant Date: 1-5-11 Joint Applicant X

Sreygadas001091

Page 1 of 2

2215000050

Customer Name **Ethan Bryant**Account # **3084**Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,479.61
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$16.75

New Balance	\$1,496.36
Statement closing date	11/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,496.36
Balance Payable To Avoid Further Interest Charges	\$1,496.36
Minimum Payment	\$90.00
Past Due	\$540.00
Total Due	\$630.00
Payment Due Date	12/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,690.89

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
11/24/2016	11/25/2016	Interest Charges	\$16.75
		TOTAL INTEREST FOR THIS PERIOD	\$16.75

2016 Totals Year To-Date

Total fees charged in 2016	\$329.89
Total interest charged in 2016	\$169.83

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3084
New Balance	\$1,496.36
Due Date	12/19/2016
Total Due	\$630.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000050



#BWNCKTF
1311211724350843 #
Ethan Bryant
2124 Edwards St
Blytheville AR 72315-3818

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click [here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 02/18/2015

Time: 16:39:04

Sales Slip ID: 91822

Cardholder: BRYANT, ET
Account No: XXXXXX3084
Purchase Price: \$1230.73
Down Payment: \$50.00
Credit Plan: REC

THE MERCHANDISE YOU PURCHASED IS BEING EXCHANGED OUTSIDE OF THE ORIGINAL RETURN POLICY. THEREFORE, THE NEW MERCHANDISE IS NOT RETURNABLE.

Total: \$1180.73

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

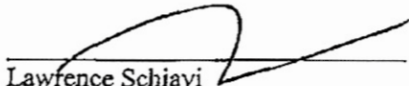


STATE OF NEW YORK
COUNTY OF ERIE

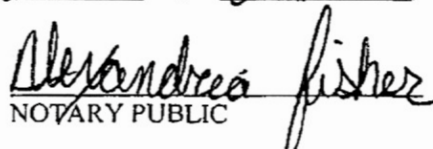
AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ETHAN BRYANT's KAY JEWELERS account identified by the account number [REDACTED] 8084.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,346.36, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51895098
00293203

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. 47BCV-19-17 (RL)

ETHAN BRYANT

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ETHAN BRYANT

2139 EDWARDS ST., BLYTHEVILLE AR 72315

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

MISSISSIPPI COUNTY CIRCUIT COURT
BLYTHEVILLE, AR 72316

Leslie Mason, Circuit Clerk

Arleta Moore
[Signature of Clerk or Deputy Clerk]

Date: 1-29-2019

10:45 AM

[SEAL]



00293203

FILED
MAR 12 2019
9:00 A
LESLIE MASON
CIRCUIT CLERK

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **478CV-19-17 (RG)**

Hearing Date:

vs.

ETHAN BRYANT

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **ETHAN BRYANT**

☐ I personally delivered the **Summons; Complaint** to the individual at _____
_____ [place] on _____ [date]; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____
after he/she refused to receive it when I offered it to him/her; or

☒ I left the **Summons; Complaint** with Unknown Person who refused to give true name, a member of the
defendant's family at least 18 years of age, at **2139 EDWARDS ST, BLYTHEVILLE, Mississippi County, AR
72315**, a place where the defendant resides, on **26th day of February, 2019**; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an
agent authorized by appointment or by law to receive service of summons on behalf of _____
[name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on
the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return
receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons;
Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and
received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____
[place] : _____

My fee is \$: **\$ 65.00**

REF: **00293203**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0033774336**

To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 28 day of February, 2019

Mauri Lee Cole
Mauri Lee Cole, Reg. # 2014R-02637, Craighead County

Subscribed and Sworn to before me this 28 day of February, 2019.

Deanna G. Freeman
NOTARY PUBLIC in and for the State of Arkansas
Residing at: _____
My commission expires 11-26-23



Additional information regarding service or attempted service:

John Doe, SIBLING, CO-RESIDENT, who accepted service, a white male approx. 25-35 years of age, 5'6"-5'8" tall, weighing 120-140 lbs with black hair.



IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

FORREST PARKER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, FORREST PARKER, is an adult resident of 583 N COUNTRY FARM RD.,
FAYETTEVILLE AR 72704.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

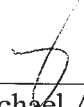
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$2,121.04

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$167.50
- TOTAL: \$2,288.54**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288635

SReygadas001099

Page 1 of 2

1875000382

**Customer Name** Forrest Parker**Account #** [REDACTED] 9023Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,093.30
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$27.74

New Balance	\$2,121.04
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,121.04
Balance Payable To Avoid Further Interest Charges	\$2,121.04
Minimum Payment	\$130.00
Past Due	\$840.00
Total Due	\$970.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$2,390.44

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$27.74
		TOTAL INTEREST FOR THIS PERIOD	\$27.74

2016 Totals Year To-Date

Total fees charged in 2016	\$238.72
Total interest charged in 2016	\$253.77

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9023
New Balance	\$2,121.04
Due Date	10/13/2016
Total Due	\$970.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000382



#BWNCKTF
1301790312990237 #
Forrest Parker
547 N Country Farm Rd
Fayetteville AR 72704-0385

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #1875

NORTHWEST ARKANSAS MALL
4201 NORTH SHILOH DR SPACE 110
FAYETTEVILLE, AR 727030000

Date: 08/15/2015

Time: 19:06:04

Sales Slip ID: 84432

Cardholder: PARKER, FO
Account No: XXXXXX9023
Purchase Price: \$2200.90
Down Payment: \$110.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.110 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$2090.90

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.





PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 
 08/15/15
Date of Birth Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant FORREST PARKER's KAY JEWELERS account identified by the account number ~~XXXXXX~~ 9023.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,121.04, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51852015
00288635

IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

FORREST PARKER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

FORREST PARKER

583 N COUNTRY FARM RD., , FAYETTEVILLE AR 72704

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

WASHINGTON COUNTY CIRCUIT COURT
FAYETTEVILLE, AR 72701

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288635

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V PARKER

Case Number: 72CV-19-201

Type: SUMMONS - FILER PREPARED

So Ordered

Pam Penn



Pamela Penn, Washington County
Deputy Clerk

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

GE LEE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, GE LEE, is an adult resident of 634 APPLE RD, BONNERDALE AR 71933.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.

This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.


WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

- | | | |
|----|---------------------------------|------------|
| 1. | Principle and Accrued Interest: | \$2,251.45 |
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$187.50 |

TOTAL: \$2,438.95

4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281581

SReygadas001107

Page 1 of 2

2328000428

**Customer Name** Ge Lee**Account #** [REDACTED] 7210Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$2,230.52
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$20.93

New Balance	\$2,251.45
Statement closing date	06/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,251.45
Balance Payable To Avoid Further Interest Charges	\$2,251.45
Minimum Payment	\$645.00
Past Due	\$2,230.52
Total Due	\$2,251.45
Payment Due Date	07/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 MONTHS	\$2,293.14

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
06/18/2016	06/19/2016	Interest Charges	\$20.93
		TOTAL INTEREST FOR THIS PERIOD	\$20.93

2016 Totals Year To-Date

Total fees charged in 2016	\$35.00
Total interest charged in 2016	\$713.41

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7210
New Balance	\$2,251.45
Due Date	07/13/2016
Total Due	\$2,251.45
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000428

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301664419792103 #
Ge Lee
634 Apple Rd
Bonnerdale AR 71933-6818To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 01/28/2015

Time: 17:48:51

Sales Slip ID: 69662

Cardholder: LEE, GE
Account No: XXXXXX7210
Purchase Price: \$8968.04
Down Payment: \$0.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS PROVIDED THEY ARE IN ORIGINAL CONDITION (UNWORN AND UNALTERED) AND ACCOMPANIED BY THE ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. CUSTOM DESIGNED MERCHANDISE, CLASS RINGS, SPECIAL ORDERED WATCHES AND ITEMS ENGRAVED WITH PERSONALIZED INFORMATION CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED THROUGH THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$8968.04

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan Insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X

05/27/83 01/28/15
Date of Birth Date

Sreygadas001109

KAY JEWELERS
OUTLET
kay.com kayoutlet.com

16

Select the Type of Account you would like to apply for. Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. *

Applicant Information:

First Name: Ge M.I. Last Name: Lee Suffix:
 Home Address: [REDACTED] Apt: City: Bonnerdick State: AR Zip Code: 71933
 (If different than above)
 Previous Address: 635 Apple Rd City: Bonnerdick State: AR Zip Code: 71933
 (If at current address less than 3 years)
 E-Mail Address: [REDACTED] By providing my E-mail address, I consent to receive E-mail communications about my Account.
 Position: [REDACTED] Self-Employed? Y N
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
 Length of Time: 10 yrs.
 Previous Length of Time: [REDACTED]
 *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

Joint Applicant Information:

First Name: [REDACTED] M.I. Last Name: [REDACTED] Suffix: [REDACTED]
 Home Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
 (If different from primary applicant)
 Phone: [REDACTED] Social Security Number: [REDACTED] Date of Birth: [REDACTED] Driver's License #: [REDACTED]
 Employer Name and Address: [REDACTED] Self-Employed? Y N
 Phone: [REDACTED] Gross Monthly Income: [REDACTED] Length of Time: [REDACTED] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of these goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: [REDACTED] Address of Spouse: [REDACTED]
BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: [Signature]Date: [REDACTED]Joint Applicant: X

0300-13S-0000 (R: 10/14) 058127

~~SP-001110~~

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant GE LEE's KAY JEWELERS account identified by the account number [REDACTED] 7210.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,251.45, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16378990
Qualified in Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51753318
00281581

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

GE LEE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

GE LEE

634 APPLE RD., BONNERDALE AR 71933

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281581

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V GE LEE

Case Number: 26CV-19-128

Type: SUMMONS - FILER PREPARED

So Ordered

Melissia Sowell



MELISSIA SOWELL

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

GERALD WILLIAMS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, GERALD WILLIAMS, is an adult resident of 3801 HIGHWAY 161, N
LITTLE ROCK AR 72117.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$3,558.96

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$3,743.96**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281580

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas 001117

The Galleria Of Jewelry
Jared's Choice

21

Select the Type of Account you would like to apply for. Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.**NOTICE:** Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.**Applicant Information:**First Name: Gerald M.I. Last Name: WilliamsSuffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y NHome Address: [REDACTED]Apt: City: N. Little RockState: ARZip Code: 72117Phone: [REDACTED] Phone Billed Order: Other Phone: ()Length of Time: 10 yearsState (if different than above): Previous Address: [REDACTED]
(If at current address less than 3 years)City: State: Zip Code: Length of Time: Employer: [REDACTED]E-Mail Address:

By providing my E-mail address, I consent to receive E-mail communications about my Account.

Employer Address: [REDACTED]Position: Self-Employed? YEmployer Address: [REDACTED]City: State: Zip Code: Phone: [REDACTED] Dept: [REDACTED]Gross Monthly Income: [REDACTED]Length of Time: 18 yearsPrevious Employer: [REDACTED]
(If with current employer less than 1 year)Previous Length of Time: *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: Nearest Relative Not Living With You: [REDACTED]State of Residence: TXPhone: [REDACTED]**Joint Applicant Information:**First Name: M.I. Last Name: Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y NHome Address: [REDACTED]
(If different from primary applicant)City: State: Zip Code: Length of Time: Phone: () Social Security Number: Date of Birth: Driver's License #: Employer Name and Address: [REDACTED]Self-Employed? YPhone: ()Gross Monthly Income: Length of Time: *Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT. THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I (we) consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X [Signature]Date: Joint Applicant: X

0300-26J-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant GERALD WILLIAMS's JARED account identified by the account number ~~01000~~ 7608.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,558.96, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51753317
00281580

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

GERALD WILLIAMS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

GERALD WILLIAMS

3801 HIGHWAY 161,, N LITTLE ROCK AR 72117

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281580

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



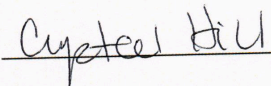
Arkansas Judiciary

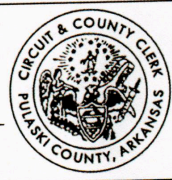
Case Title: DNF ASSOCIATES LLC V GERALD WILLIAMS

Case Number: 60CV-19-560

Type: SUMMONS - FILER PREPARED

So Ordered


Crystal Hill

The seal of the Circuit & County Clerk of Pulaski County, Arkansas, featuring a central shield with a plow, a sheaf of wheat, and a cotton plant, surrounded by the words "CIRCUIT & COUNTY CLERK" and "PULASKI COUNTY, ARKANSAS".

Crystal Hill

ELECTRONICALLY FILED
Pulaski County Circuit Court
Terri Hollingsworth, Circuit/County Clerk
2019-Mar-13 20:37:37
60CV-19-560
C06D12 : 2 Pages

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 60CV-19-560

Hearing Date:

vs.

GERALD WILLIAMS

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **GERALD WILLIAMS**

☐

I personally delivered the **Summons; Complaint** to the individual at _____
_____ [place] on _____ [date]; or

☐

I left the **Summons; Complaint** in the proximity of the individual by _____
after he/she refused to receive it when I offered it to him/her; or

☒

I left the **Summons; Complaint** with **Freda Williams**, a member of the defendant's family at least 18 years of age,
at **3801 HIGHWAY 161, N LITTLE ROCK, Pulaski County, AR 72117**, a place where the defendant resides, on
5th day of March, 2019; or

☐

I delivered the **Summons; Complaint** to _____ [name of individual], an
agent authorized by appointment or by law to receive service of summons on behalf of _____
[name of defendant] on _____ [date]; or

☐

I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on
the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return
receipt.

☐

I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons;
Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and
received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐

Other [specify]: _____

☐

I was unable to execute service at _____
[place] : _____

My fee is \$: **\$ 65.00**

REF: 00281580

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: 0034050231



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 7 day of March, 2019.

Rachael Quinn

Rachael Quinn, Reg. # CV2013-545, Lonoke County

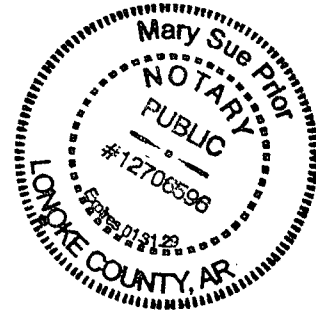
Subscribed and Sworn to before me this 7 day of March, 2019.

Mary Sue Prior

NOTARY PUBLIC in and for the State of Arkansas

Residing at: Lonoke County

My commission expires 11/31/29



Additional information regarding service or attempted service:

Freda Williams, SIBLING, CO-RESIDENT, who accepted service, with identity confirmed by subject saying yes when named, a black-haired black female approx. 45-55 years of age, 5'-5'4" tall and weighing 80-120 lbs.



IN THE CIRCUIT COURT OF BOONE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

HADI WINARTO

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, HADI WINARTO, is an adult resident of 1428 HWY 62 65 SUITE B,
HARRISON AR 72601.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$4,621.33

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$4,808.83**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281579

SReygadas001126

Page 1 of 2

1875000394

**Customer Name** Hadi Winarto**Account #** [REDACTED] 5905Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$4,563.47
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$57.86

New Balance	\$4,621.33
Statement closing date	06/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,621.33
Balance Payable To Avoid Further Interest Charges	\$4,621.33
Minimum Payment	\$265.00
Past Due	\$1,855.00
Total Due	\$2,120.00
Payment Due Date	07/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$5,259.49

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
06/18/2016	06/19/2016	Interest Charges	\$57.86
		TOTAL INTEREST FOR THIS PERIOD	\$57.86

2016 Totals Year To-Date

Total fees charged in 2016	\$35.00
Total interest charged in 2016	\$347.16

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx5905
New Balance	\$4,621.33
Due Date	07/13/2016
Total Due	\$2,120.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000394

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301666812599050 #
Hadi Winarto
1428 Hwy 62 65
Suite B
Harrison AR 72601-1969To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

SReygadas001127

KAY JEWELERS #1875

NORTHWEST ARKANSAS MALL
4201 NORTH SHILOH DR SPACE 110
FAYETTEVILLE, AR 727030000

Date: 04/14/2015

Time: 17:20:52

Sales Slip ID: 81552

Cardholder: WINARTO, HA
Account No: XXXXXX5905
Purchase Price: \$5234.09
Down Payment: \$0.00
Credit Plan: REG

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED. VISIT WWW.KAY.COM/GEMCARE FOR IMPORTANT INFORMATION ABOUT GEMSTONE TREATMENTS, SPECIAL CARE REQUIREMENTS, MAINTENANCE, STORAGE AND PROTECTION.

Total: \$5234.09

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan Insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

No, do not enroll me in Payment Protection Plan Credit Insurance



STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant HADI WINARTO's KAY JEWELERS account identified by the account number [REDACTED] 5905.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,621.33, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51753316
00281579

IN THE CIRCUIT COURT OF BOONE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

HADI WINARTO

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

HADI WINARTO

1428 HWY 62 65 SUITE B, , HARRISON AR 72601

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BOONE COUNTY CIRCUIT COURT
HARRISON, AR 72601

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281579

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V HADI WINARTO

Case Number: 05CV-19-18

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink, appearing to read "Susan Stills".



Susan Stills, Boone County Deputy
Clerk

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

HADI WINARTO

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, HADI WINARTO, is an adult resident of 925 N SHACKLEFORD RD, Little
Rock AR 72211.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$5,407.03

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$5,592.03**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281559

SReygadas001134

Page 1 of 2

2524100006

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Hadi Winarto

Account # [REDACTED] 818

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$5,385.43
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$21.60

New Balance	\$5,407.03
Statement closing date	06/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$5,407.03
Balance Payable To Avoid Further Interest Charges	\$5,407.03
Minimum Payment	\$290.00
Past Due	\$1,858.52
Total Due	\$2,148.52
Payment Due Date	07/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$5,615.97

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged			
Trans Date	Post Date	Description	Amount
06/10/2016	06/11/2016	Interest Charges	\$21.60
TOTAL INTEREST FOR THIS PERIOD			\$21.60
2016 Totals Year To-Date			
Total fees charged in 2016			\$207.21
Total interest charged in 2016			\$128.74

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx1818
New Balance	\$5,407.03
Due Date	07/05/2016
Total Due	\$2,148.52
Amount Enclosed	\$

[REDACTED] 8180021485200290005407036

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

100006

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301463312118189 #
Hadi Winarto
2002 E Park Ave
Searcy AR 72143

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant HADI WINARTO's JARED account identified by the account number ~~011000~~ 1818.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$5,407.03, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022

51743470
00281559

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

HADI WINARTO

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

HADI WINARTO

925 N SHACKLEFORD RD., Little Rock AR 72211

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281559

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



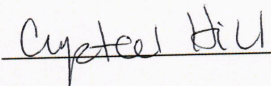
Arkansas Judiciary

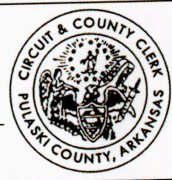
Case Title: DNF ASSOCIATES V HADI WINARTO

Case Number: 60CV-19-553

Type: SUMMONS - FILER PREPARED

So Ordered


Crystal Hill

The seal of the Circuit & County Clerk of Pulaski County, Arkansas, featuring a central shield with a plow, a sheaf of wheat, and a cotton plant, surrounded by the words "CIRCUIT & COUNTY CLERK" and "PULASKI COUNTY, ARKANSAS".

Crystal Hill

IN THE CIRCUIT COURT OF CRAWFORD COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JAMES BREWER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JAMES BREWER, is an adult resident of 1208 GREEN ACRES CIR, ALMA
AR 72921.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

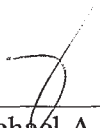
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$6,703.67

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$6,891.17**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293180

SReygadas001141

Page 1 of 2

2221000457

**Customer Name** James E Brewer**Account** [REDACTED] 4748Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$6,619.00
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$84.67

New Balance	\$6,703.67
Statement closing date	11/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$6,703.67
Balance Payable To Avoid Further Interest Charges	\$6,703.67
Minimum Payment	\$295.00
Past Due	\$2,065.00
Total Due	\$2,360.00
Payment Due Date	12/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	28 MONTHS	\$8,008.63

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
11/24/2016	11/25/2016	Interest Charges	\$84.67
		TOTAL INTEREST FOR THIS PERIOD	\$84.67

2016 Totals Year To-Date

Total fees charged in 2016	\$291.97
Total interest charged in 2016	\$739.08

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx4748
New Balance	\$6,703.67
Due Date	12/19/2016
Total Due	\$2,360.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000457


KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1311716321457486 #
James E Brewer
1208 Green Acres Cir
Alma AR 72921-7136[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

STATE OF NEW YORK
COUNTY OF ERIE

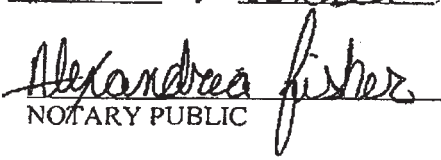
AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JAMES BREWER's KAY JEWELERS account identified by the account number [REDACTED] 4748.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$6,703.67, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51904444
00293180

IN THE CIRCUIT COURT OF CRAWFORD COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JAMES BREWER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JAMES BREWER

1208 GREEN ACRES CIR, , ALMA AR 72921

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

CRAWFORD COUNTY CIRCUIT COURT
VAN BUREN, AR 72956

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293180

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JAMES BREWER

Case Number: 17CV-19-82

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Jordan Riggs".



Jordan Riggs

IN THE CIRCUIT COURT OF CRAWFORD COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **17CV-19-82**

Hearing Date:

vs.

JAMES BREWER

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **JAMES BREWER**

☐ I personally delivered the **Summons; Complaint** to the individual at _____
_____ [place] on _____ [date]; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____
after he/she refused to receive it when I offered it to him/her; or

☒ I left the **Summons; Complaint** with **Ann Brewer**, a member of the defendant's family at least 18 years of age, at
425 DYER HIGHWAY 64 E, ALMA, Crawford County, AR 72921, a place where the defendant resides, on **21st**
day of February, 2019; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an
agent authorized by appointment or by law to receive service of summons on behalf of _____
[name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on
the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return
receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons;**
Complaint by first-class mail to the defendant together with two copies of a notice and acknowledgment and
received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____
[place] : _____

My fee is \$: **\$ 65.00**

REF: 00293180

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: 0033586445



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 25 day of Feb, 20 19.

Lara Naomi Aspedon

Lara Naomi Aspedon, Reg. # 17CV-10-322, Crawford County

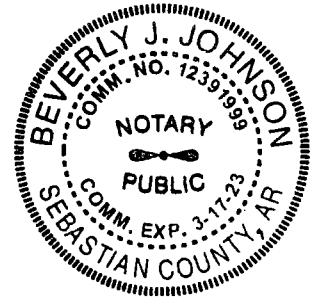
Subscribed and Sworn to before me this 25 day of Feb, 20 19.

Beverly J. Johnson

NOTARY PUBLIC in and for the State of Arkansas

Residing at: _____

My commission expires _____



Additional information regarding service or attempted service:

Ann Brewer, SPOUSE, CO-RESIDENT, who accepted service, with identity confirmed by subject stating their name, a white female approx. 45-55 years of age, 5'-5'4" tall, weighing 180-200 lbs with brown hair with glasses.



IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JAMES SHEETS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JAMES SHEETS, is an adult resident of 3250B TWIN COUNTY ST,
SPRINGDALE AR 72764.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

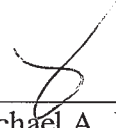
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$3,347.59

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$3,535.09**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293215

SReygadas001150

Page 1 of 2

1875000432

**Customer Name** James Sheets**Account #** [REDACTED] 3554**Questions?** - Visit us at www.kay.comPlease send **billing inquiries and correspondence to:**
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$3,305.35
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$42.24
New Balance	\$3,347.59
Statement closing date	11/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,347.59
Balance Payable To Avoid Further Interest Charges	\$3,347.59
Minimum Payment	\$165.00
Past Due	\$1,155.00
Total Due	\$1,320.00
Payment Due Date	12/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	24 MONTHS	\$3,908.85

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
11/18/2016	11/19/2016	Interest Charges	\$42.24
TOTAL INTEREST FOR THIS PERIOD			\$42.24
2016 Totals Year To-Date			
Total fees charged in 2016			\$130.00
Total interest charged in 2016			\$426.50

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3554
New Balance	\$3,347.59
Due Date	12/13/2016
Total Due	\$1,320.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000432

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1311714917395541 #
James Sheets
3232a Twin County St
Springdale AR 72764-8081[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #1875

NORTHWEST ARKANSAS MALL
4201 NORTH SHILOH DR SPACE 110
FAYETTEVILLE, AR 727030000

Date: 12/27/2015

Time: 12:58:29

Sales Slip ID: 88379

Cardholder: SHEETS, JA
Account No: XXXXXX3554
Purchase Price: \$3286.09
Down Payment: \$0.00
Credit Plan: REC

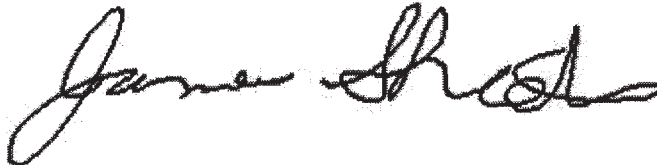
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$3286.09

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan Insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

No, do not enroll me in Payment Protection Plan Credit Insurance



Sreygadas001152

KAY KAY

16

Select the Type of Account you would like to apply for. Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT** In one name and based solely on your own credit worthiness. Applicant if married may apply for an individual account.

☐ **JOINT ACCOUNT** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account but both will be liable and responsible for payments.

NOTICE Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information

First Name James MI MI Last Name Sheets Suffix None
 Home Address [Redacted] Apt. None City Springdale State AR Zip Code 72764
 Telephone [Redacted] Length of Time [Redacted]
 Statement mailing address (if different than above) [Redacted]
 Previous Address (if at current address less than 3 years) [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted] Length of Time [Redacted]
 E-mail Address [Redacted] By providing my E-mail address, I consent to receive E-mail communications about my Account.
 Position [Redacted] Self Employed? Y/N
 Employer Address [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]
 Phone [Redacted] Dept/Ext [Redacted] Length of Time 3 years
 Previous Employer [Redacted] Previous Length of Time [Redacted]
 Other Monthly Income Amount That Could Be Used To Repay Your Obligation [Redacted]
 Nearest Relative and Living With You [Redacted] State of Residence [Redacted] Phone [Redacted]

Joint Applicant Information

First Name [Redacted] MI [Redacted] Last Name [Redacted] Suffix [Redacted]
 Home Address (if different from primary applicant) [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted] Length of Time [Redacted]
 Phone [Redacted] Social Security Number [Redacted] Date of Birth [Redacted] Driver's License # [Redacted]
 Employer Name and Address [Redacted] Self Employed? Y/N
 Phone [Redacted] Gross Monthly Income [Redacted] Length of Time [Redacted] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation [Redacted]

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later, in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680 AKRON, OH 44309. 3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALITY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, inform your and your spouse's financial information about Marital Agreement Notice. No provision of a marital property agreement, unilateral statement under Sec. 766.49 Wis. Stats. or court decree under Sec. 766.70 Wis. Stats. will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:
 Name of Spouse [Redacted] Address of Spouse [Redacted]

BEFORE SIGNING BELOW I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT. THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION. AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.
 In addition, I consent to 1) be contacted about my account through any contact information I provide including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant X [Signature] Date 12-27-15 Joint Applicant X [Redacted]

0300 135 0000 (R 10 14) 058127

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 benefit
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 assessed during
 and corresponding

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JAMES SHEETS's KAY JEWELERS account identified by the account number [REDACTED] 3554.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,347.59, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16378980
Qualified In Erie County
My Commission Expires 08-27-2022

51903720
00293215

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JAMES SHEETS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JAMES SHEETS

3250B TWIN COUNTY ST., SPRINGDALE AR 72764

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BENTON COUNTY CIRCUIT COURT
BENTONVILLE, AR 72712

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293215

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:

A large, stylized handwritten signature in black ink, starting with a large loop and ending with a long horizontal stroke.



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SHEETS

Case Number: 04CV-19-206

Type: SUMMONS - FILER PREPARED

So Ordered

Blythe Reid



Blythe L Reid, Benton County Deputy
Clerk

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
WESTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JEREMY WILLIAMS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JEREMY WILLIAMS, is an adult resident of 1034 CR 333, JONESBORO
AR 72401.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.


IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,502.77
2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$1,690.27**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288624

Sreygadas001159

Page 1 of 2

2215100057

**Customer Name** Jeremy Williams**Account #** [REDACTED] 2064Questions? - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,484.69
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$18.08

New Balance	\$1,502.77
Statement closing date	09/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,502.77
Balance Payable To Avoid Further Interest Charges	\$1,502.77
Minimum Payment	\$90.00
Past Due	\$468.00
Total Due	\$558.00
Payment Due Date	10/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,699.14

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
09/24/2016	09/25/2016	Interest Charges	\$18.08
TOTAL INTEREST FOR THIS PERIOD			\$18.08

2016 Totals Year To-Date

Total fees charged in 2016	\$214.16
Total interest charged in 2016	\$134.58

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2064
New Balance	\$1,502.77
Due Date	10/19/2016
Total Due	\$558.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

100057

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301795529250648 #
Jeremy Williams
1034 Cr 333
Jonesboro AR 72401-0459[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 01/24/2016

Time: 15:34:17

Sales Slip ID: 99699

Cardholder: WILLIAMS, JE
Account No: XXXXXX2064
Purchase Price: \$1226.03
Down Payment: \$0.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.110 per \$100

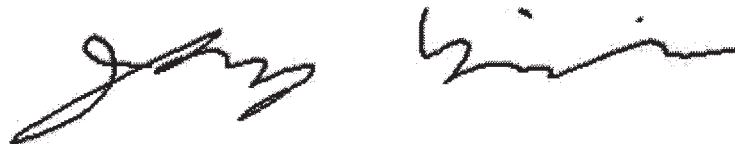
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1226.03

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

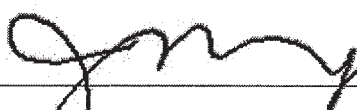


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 

08/20/1991

Date of Birth



01/24/16

Date

Sreygadas001161

KAY
JEWELERS
Every Jewel Begins with Kay
kay.com

16

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

First Name: Jeremy M.I. W Last Name: Williams

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: [REDACTED] Apt: City: Jonesboro State: AR Zip Code: 72401

Other Phone: () Length of Time: [REDACTED]

Statement Mailing Address:
(if different than above)

Previous Address:
(if at current address less than 3 years)

City: State: Zip Code: Length of Time:

Driver's License: [REDACTED]

E-Mail Address:

By providing my E-mail address, I consent to receive E-mail communications about my Account.

Employer: [REDACTED]

Position:

Self-Employed? Y N

Employer Address: [REDACTED]

City:

State: Zip Code:

Phone: [REDACTED] Dan/Ext.: [REDACTED]

Length of Time: 4mo

Previous Employer:
(if with current employer less than 1 year)

Previous Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Listed With You: [REDACTED]

State of Residence: [REDACTED]

Phone: [REDACTED]

First Name: M.I. Last Name:

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address:
(if different from primary applicant)

City: State: Zip Code: Length of Time:

Phone: ()

Social Security Number:

Date of Birth:

Driver's License #:

Employer Name and Address:

Self-Employed? Y N

Phone: ()

Gross Monthly Income:

Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT-WORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (AND HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL DISTRIBUTION CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (AND HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X

Jeremy Williams

Date: 7-5

Joint Applicant: X

0300-13S-0000 (R:10/12) 053327

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JEREMY WILLIAMS's KAY JEWELERS account identified by the account number [REDACTED] 2064.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,502.77, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51853981
00288624

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
WESTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JEREMY WILLIAMS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JEREMY WILLIAMS

1034 CR 333, , JONESBORO AR 72401

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

CRAIGHEAD COUNTY CIRCUIT COURT
JONESBORO, AR 72403

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288624

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES V JEREMY WILLIAMS

Case Number: 16JCV-19-92

Type: SUMMONS - FILER PREPARED

So Ordered

Sharron L. Ussery



Sharron Ussery, Deputy Clerk

ELECTRONICALLY FILED
Craighead County Circuit Court in Jonesboro
Candace Edwards, Craighead Circuit Clerk
2019-Feb-27 16:02:39
16JCV-19-92
C02D09 : 2 Pages

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 16JCV-19-92

Hearing Date:

vs.

JEREMY WILLIAMS

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **JEREMY WILLIAMS**

☐ I personally delivered the **Summons; Complaint** to the individual at _____
_____ [place] on _____ [date]; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____
after he/she refused to receive it when I offered it to him/her; or

☒ I left the **Summons; Complaint** with Unknown Person who refused to give true name, a member of the
defendant's family at least 18 years of age, at **1034 CR 333, JONESBORO, Craighead County, AR 72401**, a
place where the defendant resides, on **24th day of February, 2019**; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an
agent authorized by appointment or by law to receive service of summons on behalf of _____
[name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on
the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return
receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons;
Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and
received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____
[place] : _____

My fee is \$: \$ 65.00

REF: 00288624

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: 0033647794



SRcygadas001167

To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 25 day of February, 2019

Mauri Lee Cole

Mauri Lee Cole, Reg. # 2014R-02637, Craighead County

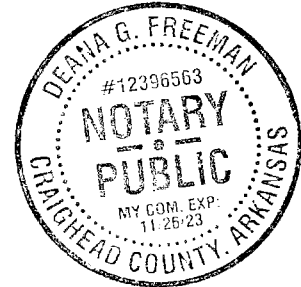
Subscribed and Sworn to before me this 25 day of February, 2019.

Deana G. Freeman

NOTARY PUBLIC in and for the State of Arkansas

Residing at: _____

My commission expires 11-26-23



Additional information regarding service or attempted service:

Jane Doe, PARENT, CO-RESIDENT, who accepted service, a white female approx. 55-65 years of age, 5'-5'4" tall, weighing 120-140 lbs with black hair.



IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JESSICA HOWER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JESSICA HOWER, is an adult resident of 291 RANDALL DR,
JACKSONVILLE AR 72076.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

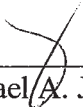
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,029.60

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$1,214.60**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281569

SReygadas001170

Page 1 of 2

1873000638

**Customer Name** Jessica Hower**Account #** 00009036Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,019.88
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$9.72

New Balance	\$1,029.60
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,029.60
Balance Payable To Avoid Further Interest Charges	\$1,029.60
Minimum Payment	\$60.00
Past Due	\$1,010.00
Total Due	\$1,029.60
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$1,168.88

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$9.72
TOTAL INTEREST FOR THIS PERIOD			\$9.72

2016 Totals Year To-Date

Total fees charged in 2016	\$141.63
Total interest charged in 2016	\$48.24

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9036
New Balance	\$1,029.60
Due Date	06/13/2016
Total Due	\$1,029.60
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000638

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301658718990368 #
Jessica Hower
1010 N 1st St Apt D11
Jacksonville AR 72076-3270To review important notices, click [here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001171
KAY KAY
OUTLET
KAYJEWELERS.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:

First Name: Jessica M.I. N Last Name: Howser

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: [REDACTED]
[REDACTED] Name I have listed Under:

Apt: City: Maumelle State: AR Zip Code: 72113
Other Phone: () Length of Time: 13 yrs.

State: [REDACTED]
(If different than above)

Previous Address: (If at current address less than 3 years)

City: State: Zip Code: Length of Time:

Driver's License #: [REDACTED] Date of Birth: [REDACTED]

E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my Account.

Employer: [REDACTED]

Position: Self-Employed? Y N

Employer Address: [REDACTED]

City: State: Zip Code:

Phone: (901) 945-4308

Dept/Ext.:

Gross Monthly Income: [REDACTED] Length of Time: 3 months

Previous Employer: (If with current employer less than 1 year)

Previous Length of Time: [REDACTED]

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

Nearest Relative Not Living With You:

State of Residence: Arkansas

Phone: [REDACTED]

Joint Applicant Information:

First Name: M.I. Last Name:

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: (If different from primary applicant)

City: State: Zip Code: Length of Time:

Phone: ()

Social Security Number:

Date of Birth:

Driver's License #:

Employer Name and Address:

Self-Employed? Y N

Phone: ()

Gross Monthly Income:

Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.58 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I (we) agree to be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and to the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: X

Date: 4-20-15 Joint Applicant: X

0300-135-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JESSICA HOWER's KAY JEWELERS account identified by the account number ~~XXXXXX~~9036.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,029.60, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51747653
00281569

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JESSICA HOWER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JESSICA HOWER

291 RANDALL DR., JACKSONVILLE AR 72076

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281569

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



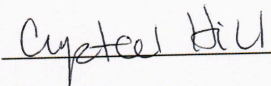
Arkansas Judiciary

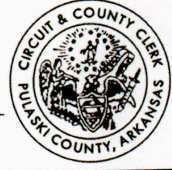
Case Title: DNF ASSOCIATES LLC V JESSICA HOWER

Case Number: 60CV-19-557

Type: SUMMONS - FILER PREPARED

So Ordered


Crystal Hill

The seal of the Circuit & County Clerk for Pulaski County, Arkansas, featuring a central shield with a plow, a sheaf of wheat, and a cotton plant, surrounded by the words "CIRCUIT & COUNTY CLERK" and "PULASKI COUNTY, ARKANSAS".

Crystal Hill

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JIMMY PORTER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JIMMY PORTER, is an adult resident of 30 GREEN TIMBER WAY,
VILONIA AR 72173.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

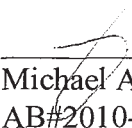
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$4,183.65

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$4,371.15**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288627

SReygadas001178

Page 1 of 2

2524000531

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Jimmy W Porter

Account # [REDACTED] 7129

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$4,129.91
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$53.74
New Balance	\$4,183.65
Statement closing date	09/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,183.65
Balance Payable To Avoid Further Interest Charges	\$4,183.65
Minimum Payment	\$195.00
Past Due	\$1,155.00
Total Due	\$1,350.00
Payment Due Date	10/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	26 MONTHS	\$4,938.30

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged			
Trans Date	Post Date	Description	Amount
09/10/2016	09/11/2016	Interest Charges	\$53.74
TOTAL INTEREST FOR THIS PERIOD			\$53.74
2016 Totals Year To-Date			
Total fees charged in 2016			\$95.00
Total interest charged in 2016			\$337.56

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7129
New Balance	\$4,183.65
Due Date	10/05/2016
Total Due	\$1,350.00
Amount Enclosed	\$

[REDACTED] 71290013500000195004183650

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

000531

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301794610711295 #
Jimmy W Porter
PO Box 952
Vilonia AR 72173-9313

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

SReygadas001179

JARED
The Galleria Of Jewelry
jared.com

21

SSN

*	*	*	-	*	*	-	8	0	8	2
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JARED Vault JARED LE VIAN jewelry Boutique JARED

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:

First Name: jimmy	M.I. W	Last Name: porter	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input type="checkbox"/> M 3. Do you have established credit? <input type="checkbox"/> N		
Home Address: [REDACTED]		Apt:	City: vilonia	State: ar	Zip Code: 72173	
Phone: [REDACTED]		Name Phone Billed Under: [REDACTED]		Other Phone: [REDACTED]		Length of Time at Address: 3yr 0mo
Statement Mailing Address: 16B Dallas Ln vilonia ar 72173						
Previous Address: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	Length of Time: [REDACTED]	
By providing my E-mail address, I consent to receive E-mail communications about my Account.						
Employer/* Source of Income: [REDACTED]		Position: driver		[REDACTED]		
Employer Address: 16B dallas ln		City: vilonia		State: ar	Zip Code: 72173	
Phone: [REDACTED]		Dept/Ext.: [REDACTED]		Length of Time at Employer: 3yr 6mo		
Self-Employed: <input type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field above)		Previous Employer: [REDACTED]				Previous Length of Time: [REDACTED]
Nearest Relative Not Living With You: [REDACTED]		State of Residence: ar		Phone: [REDACTED]		

Joint Applicant Information:

First Name:	M.I.	Last Name:	Suffix:	1. Are you a U.S. Citizen? <input type="checkbox"/> N 2. Are you in the military? <input type="checkbox"/> N 3. Do you have established credit? <input type="checkbox"/> N		
Home Address: (If different from primary applicant)		City:	State:	Zip Code:	Length of Time:	
Phone: ()		Social Security Number:		Date of Birth:	Driver's License #:	
Employer/* Source of Income:				Self-Employed? <input type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field)		
Phone: ()		Length of Time at Employer:		**Total Monthly Income:		

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** **California Residents:** After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. **Ohio Residents:** THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. **New York Residents:** We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. **Wisconsin Residents:** If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X

[Signature]

Date: 12/21/2015

Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff") He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JIMMY PORTER's JARED account identified by the account number [REDACTED] 7129.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,183.65, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51837089
00288627

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JIMMY PORTER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JIMMY PORTER

30 GREEN TIMBER WAY, , VILONIA AR 72173

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288627

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES, LLC V JIMMY PORTER

Case Number: 23CV-19-117

Type: SUMMONS - FILER PREPARED

So Ordered

B. Donohue



B. Donohue

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOE HENARD

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JOE HENARD, is an adult resident of 1506 MAPLE ST, Malvern AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.

This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.


WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

- | | | |
|----|---------------------------------|------------|
| 1. | Principle and Accrued Interest: | \$3,109.98 |
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$187.50 |

TOTAL: \$3,297.48

4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293183

SReygadas001186

Page 1 of 2

2328000433

**Customer Name** Joe Henard**Account #** 2171144767Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$3,070.94
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$39.04

New Balance	\$3,109.98
Statement closing date	10/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$3,109.98
Balance Payable To Avoid Further Interest Charges	\$3,109.98
Minimum Payment	\$140.00
Past Due	\$670.00
Total Due	\$810.00
Payment Due Date	11/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	27 MONTHS	\$3,697.37

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
10/18/2016	10/19/2016	Interest Charges	\$39.04
TOTAL INTEREST FOR THIS PERIOD			\$39.04

2016 Totals Year To-Date

Total fees charged in 2016	\$165.00
Total interest charged in 2016	\$319.57

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx4767
New Balance	\$3,109.98
Due Date	11/13/2016
Total Due	\$810.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000433

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1311701114497675 #
Joe Henard
2811 Cyclone St
Bryant AR 72022-6636To review important notices, click [here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001187
KAY KAY
OUTLET

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. *

Applicant Information:

First Name: Joe M.I. Last Name: Henard Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N
Home Address: Apt: City: Malvern State: AR Zip Code: 72104
Phone: Name Phone Billed Under: Other Phone: Length of Time: 20 years
Statement Mailing Address: (if different than above)
Previous Address: (if at current address less than 3 years)
City: State: Zip Code: Length of Time:
E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my Account.
Employer: Position: Self-Employed? Y N
Employer Address: City: State: Zip Code:
Phone: Dept./Ext.: Length of Time: 4 months
Previous Employer: (if with current employer less than 1 year) Previous Length of Time: 24 years
*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: 1800
State of Residence: AR

Joint Applicant Information:

First Name: M.I. Last Name: Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N
Home Address: (if different from primary applicant) City: State: Zip Code: Length of Time:
Phone: Social Security Number: Date of Birth: Driver's License #:
Employer Name and Address: Self-Employed? Y N
Phone: Gross Monthly Income: Length of Time: *Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information.

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and to the use of any automatic telephone dialing system and/or a prerecorded message when contacted

Applicant: X

Date: 9/12/15

Joint Applicant: X

0300-13S-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit.

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JOE HENARD's KAY JEWELERS account identified by the account number [REDACTED] 4767.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,109.98, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F18379990
Qualified In Erie County
My Commission Expires 08-27-2022

51876072
00293183

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOE HENARD

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JOE HENARD

1506 MAPLE ST., Malvern AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293183

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JOE HENARD

Case Number: 30CV-19-26

Type: SUMMONS - FILER PREPARED

So Ordered

A blue ink signature of Lori Burks is written over a light blue background. To the right of the signature is a circular seal for the Circuit Court of Sevier County, Tennessee. The seal features a central emblem with a plow and a sheaf of wheat, surrounded by the words "SEAL OF THE CIRCUIT COURT SEVIER COUNTY TENNESSEE".

LORI BURKS

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOHN MUHAMMAD

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JOHN MUHAMMAD, is an adult resident of 1858 WOLFE ST, LITTLE
ROCK AR 72202.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED VAULT account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,212.13

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$1,397.13**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281557

SReygadas001194

Page 1 of 2

4190000117

JARED®

The Galleria Of Jewelry

jared.com

Customer Name John B Muhammad**Account #** 000005848Questions? - Visit us at www.jared.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,197.68
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$14.45

New Balance	\$1,212.13
Statement closing date	06/16/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,212.13
Balance Payable To Avoid Further Interest Charges	\$1,212.13
Minimum Payment	\$100.00
Past Due	\$700.00
Total Due	\$800.00
Payment Due Date	07/11/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	14 MONTHS	\$1,318.77

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
06/16/2016	06/17/2016	Interest Charges	\$14.45
		TOTAL INTEREST FOR THIS PERIOD	\$14.45

2016 Totals Year To-Date

Total fees charged in 2016	\$124.70
Total interest charged in 2016	\$86.63

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx5848
New Balance	\$1,212.13
Due Date	07/11/2016
Total Due	\$800.00
Amount Enclosed	\$

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

000117

JARED®

The Galleria Of Jewelry

jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301665016578480 #
John B Muhammad
1858 Wolfe St
Little Rock AR 72202-6076To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001195

JARED
The Galleria Of Jewelry
jared.com

21

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: John M.I. B Last Name: Muhammad Suffix:
 Home Address: [REDACTED] Apt: City: Little Rock State: AK Zip Code: 72202
 Other Phone: () Length of Time: 30 years
 (If different than above)
 Previous Address: [REDACTED] City: State: Zip Code: Length of Time:
 (If at current address less than 3 years)
 E-Mail Address: [REDACTED] By providing my E-mail address, I consent to receive E-mail communications about my Account.
 Employer: [REDACTED] Position: Self-Employed? Y N
 City: State: Zip Code:
 Phone: [REDACTED] Dept/Ext.: [REDACTED] Length of Time: 7 years
 (If with current employer less than 1 year)
 *Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Living With You: [REDACTED] State of Residence: AR Phone: [REDACTED]

Joint Applicant Information:

First Name: M.I. Last Name: Suffix:
 Home Address: City: State: Zip Code: Length of Time:
 (If different from primary applicant)
 Phone: Social Security Number: Date of Birth: Driver's License #:
 Employer Name and Address: Self-Employed? Y N
 Phone: Gross Monthly Income: Length of Time: *Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:
 Name of Spouse: Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a recorded message when contacted.

Applicant X

Date

Joint Applicant: X

0300-26J-0000 (R: 10/14) 058127

JARED VAULT #4190
Houston Premium Outlets
29300 Hempstead Rd., Ste. 846
Cypress, TX 77433

Date: 02/12/2015

Time: 14:13:09

Sales Slip ID: 9389

Cardholder: MUHAMMAD, JO
Account No: XXXXXX5848
Purchase Price: \$1418.06
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$0.646 per \$100

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. WATCHES MUST BE IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND ACCOMPANIED BY ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED. VISIT WWW.JARED.COM/GEMCARE FOR IMPORTANT INFORMATION ABOUT GEMSTONE TREATMENTS, SPECIAL CARE REQUIREMENTS, MAINTENANCE, STORAGE AND PROTECTION.

Total: \$1418.06

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED VAULT Retail Installment Charge Agreement, the terms of which are incorporated by reference.

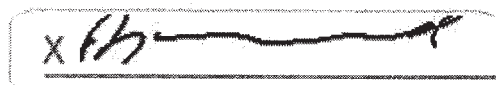


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance




Date of Birth

02/12/15
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JOHN MUHAMMAD's JARED VAULT account identified by the account number ~~2552~~ 5848.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,212.13, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51743311
00281557

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOHN MUHAMMAD

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JOHN MUHAMMAD

1858 WOLFE ST., LITTLE ROCK AR 72202

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281557

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



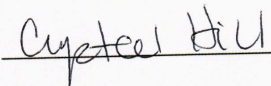
Arkansas Judiciary

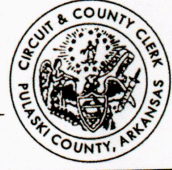
Case Title: DNF ASSOCIATES V JOHN MUHAMMAD

Case Number: 60CV-19-554

Type: SUMMONS - FILER PREPARED

So Ordered





Crystal Hill

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JUMPIERRE HALL

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JUMPIERRE HALL, is an adult resident of 235 ASH STREET, CONWAY
AR 72034.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,494.18

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,681.68**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288618

SReygadas001203

Page 1 of 2

2524000328

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Jumpierre Hall**Account #** [REDACTED] 2175

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,475.08
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$19.10

New Balance	\$1,494.18
Statement closing date	09/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,494.18
Balance Payable To Avoid Further Interest Charges	\$1,494.18
Minimum Payment	\$100.00
Past Due	\$450.00
Total Due	\$550.00
Payment Due Date	10/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	17 MONTHS	\$1,664.25

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
09/10/2016	09/11/2016	Interest Charges	\$19.10
		TOTAL INTEREST FOR THIS PERIOD	\$19.10

2016 Totals Year To-Date

Total fees charged in 2016	\$299.35
Total interest charged in 2016	\$163.28

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2175
New Balance	\$1,494.18
Due Date	10/05/2016
Total Due	\$550.00
Amount Enclosed	\$

[REDACTED] 21750005500000100001494181

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

000328

JARED®

The Galleria Of Jewelry

jared.com

JARED GALLERIA OF JEWELRY

P.O.Box 740425

Cincinnati OH 45274-0425

#BWNCKTF

1301696910211753

Jumpierre Hall

235 Ash Street

Conway AR 72034-6418

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001204

The Galleria Of Jewelry
jared.com

21

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.**NOTICE:** Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.***Applicant Information:**First Name: Sum Pierre M.I.:Last Name: Hall

Suffix:

1. Are you a U.S. Citizen? Y
2. Are you in the military? N
3. Do you have established credit? Y

Home Address:

Apt:

City:

State:

Zip Code:

Other Phone:

Length of Time:

Statement Mailing Address:
(If different than above)Previous Address:
(If at current address less than 3 years)

City:

State:

Zip Code:

Length of Time:

E-Mail Address:

Not available

By providing my E-mail address, I consent to receive E-mail communications about my Account.

Position:

Self-Employed? Y

Employer Address:

104 W. Markham St #300

Phone:

Dept/Ext.:

City:

Little Rock

State:

AR

Zip Code:

72205

Length of Time:

3 years

Previous Length of Time:

(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative:

State of Residence:

LA**Joint Applicant Information:**

First Name: M.I.:

Last Name:

Suffix:

1. Are you a U.S. Citizen? Y
2. Are you in the military? Y
3. Do you have established credit? YHome Address:
(If different from primary applicant)

City:

State:

Zip Code:

Length of Time:

Phone:

Social Security Number:

Date of Birth:

Driver's License #:

Employer Name and Address:

Self-Employed? Y

Phone:

Gross Monthly Income:

Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: SreygadasDate: 4-17-18Joint Applicant: X

0300-26J-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JUMPIERRE HALL's JARED account identified by the account number [REDACTED] 2175.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,494.18, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51843444
00288618

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JUMPIERRE HALL

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JUMPIERRE HALL

235 ASH STREET, , CONWAY AR 72034

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288618

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JUMPIERRE HALL

Case Number: 23CV-19-114

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink, appearing to read "J. Wiggs".

J.WIGGS



IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

KARRIE EASLEY

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, KARRIE EASLEY, is an adult resident of 638 CRYSTAL HILL RD, HOT
SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

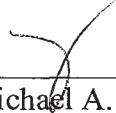
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$2,438.62

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$2,626.12**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288638

SReygadas001211

Page 1 of 2

2328000544

**Customer Name** Karrie Easley**Account #** [REDACTED] 2044Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,408.80
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$29.82

New Balance	\$2,438.62
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,438.62
Balance Payable To Avoid Further Interest Charges	\$2,438.62
Minimum Payment	\$135.00
Past Due	\$945.00
Total Due	\$1,080.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	21 MONTHS	\$2,790.77

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$29.82
TOTAL INTEREST FOR THIS PERIOD			\$29.82
2016 Totals Year To-Date			
Total fees charged in 2016			\$95.00
Total interest charged in 2016			\$238.56

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2044
New Balance	\$2,438.62
Due Date	10/13/2016
Total Due	\$1,080.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000544



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

[To review important notices, click here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1301794114290440 #
Karrie Easley
638 Crystal Hill Rd
Hot Springs AR 71913-9102



[REDACTED] 20440010800000135002438628



16

Select the Type of Plan You Want to Apply For: ☐ INDIVIDUAL ACCOUNT ☐ JOINT ACCOUNT ☐ COSIGNED ACCOUNT

☐ **INDIVIDUAL ACCOUNT** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE * Total Monthly Income includes income from a job including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information

First Name: Karne MI: Last Name: Easley Suffix:

Home Address: [Redacted] Apt: City: Hot Springs State: AR Zip Code: 71913

Phone: [Redacted] Other Phone: () Length of Time at Address: 4yr

Statement Mailing Address (If different than above): [Redacted]

Previous Address (If at current address less than 3 years): [Redacted] City: State: Zip Code: Length of Time:

E Mail Address: [Redacted] By providing my E mail address, I consent to receive E mail communications about my Account.

Employer/Source of Income: [Redacted] Position: [Redacted]

Employer Address: [Redacted] City: State: Zip Code:

Phone: [Redacted] Dept/Ext: Length of Time at Employer: 4ur

Self Employed? Y (If Yes, please provide the name of your company in the Employer/Source of Income field above)

Previous Employer (If with current employer less than 1 year): [Redacted] Previous Length of Time:

Nearest Relative: [Redacted] State of Residence: AR Phone: [Redacted]

Joint Applicant Information

First Name: MI: Last Name: Suffix:

Home Address (If different from primary applicant): [Redacted] City: State: Zip Code: Length of Time:

Phone: () Social Security Number: Date of Birth: Driver's License #:

Employer/Source of Income: Self Employed? Y (If Yes, please provide the name of your company in the Employer/Source of Income field)

Phone: () Length of Time at Employer: **Total Monthly Income:

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account. Any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant shall have the right to use an open end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice: No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats. or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: [Signature: Karne Easley] Date: 12/4/18 Joint Applicant: X

KAY JEWELERS #2328

HOT SPRINGS MALL
4501 CENTRAL AVE. SUITE 155
HOT SPRINGS, AR 719130000

Date: 12/24/2015

Time: 18:00:07

Sales Slip ID: 80067

Cardholder: EASLEY, KA
Account No: XXXXXX2044
Purchase Price: \$2240.06
Down Payment: \$0.00
Credit Plan: REC

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$2240.06

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

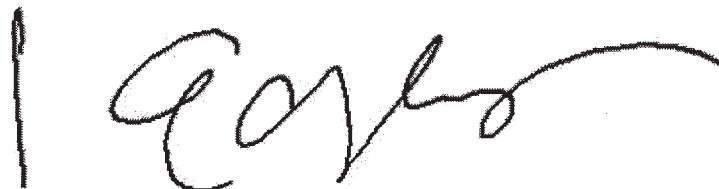


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

No, do not enroll me in Payment Protection Plan Credit Insurance



STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant KARRIE EASLEY's KAY JEWELERS account identified by the account number [REDACTED] 2044.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,438.62, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51853978
00288638

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

KARRIE EASLEY

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

KARRIE EASLEY

638 CRYSTAL HILL RD., HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288638

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V KARRIE EASLEY

Case Number: 26CV-19-135

Type: SUMMONS - FILER PREPARED

So Ordered

Candace Muzny



CANDACE MUZNY

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LAKISSA HAMPTON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, LAKISSA HAMPTON, is an adult resident of 11701 BIRCHWOOD DR,
LITTLE ROCK AR 72211.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

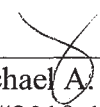
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$2,190.44

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$2,375.44**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281584

SReygadas001220

Page 1 of 2

2524000976

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Lakissa R Hampton

Account # 0000008776

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,162.64
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$27.80

New Balance	\$2,190.44
Statement closing date	07/10/2016
Days in billing cycle	30

Payment Information

New Balance	\$2,190.44
Balance Payable To Avoid Further Interest Charges	\$2,190.44
Minimum Payment	\$125.00
Past Due	\$875.00
Total Due	\$1,000.00
Payment Due Date	08/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$2,494.62

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
07/10/2016	07/11/2016	Interest Charges	\$27.80
		TOTAL INTEREST FOR THIS PERIOD	\$27.80

2016 Totals Year To-Date

Total fees charged in 2016	\$130.00
Total interest charged in 2016	\$194.60

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8776
New Balance	\$2,190.44
Due Date	08/05/2016
Total Due	\$1,000.00
Amount Enclosed	\$

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

000976

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

#BWNCKTF
1600074813817761 #
Lakissa R Hampton
11701 Birchwood Dr
Little Rock AR 72211-3423

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

JARED THE GALLERIA OF JEWELRY #2524

Park Avenue
310 South University Ave
Little Rock, AR 72205

Date: 09/06/2015

Time: 18:31:46

Sales Slip ID: 27235

Cardholder: HAMPTON, LA
Account No: XXXXXX8776
Purchase Price: \$1716.71
Down Payment: \$0.00
Credit Plan: REC

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. ACCESSORIES AND WATCHES MUST BE IN ORIGINAL CONDITION (UNWORN & UNALTERED). WATCHES MUST BE ACCOMPANIED BY ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1716.71

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED GALLERIA OF JEWELRY Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

No, do not enroll me in Payment Protection Plan Credit Insurance



STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LAKISSA HAMPTON's JARED account identified by the account number ~~60000~~8776.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,190.44, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51755567
00281584

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LAKISSA HAMPTON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LAKISSA HAMPTON

11701 BIRCHWOOD DR., LITTLE ROCK AR 72211

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281584

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



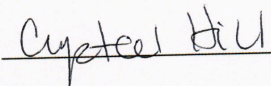
Arkansas Judiciary

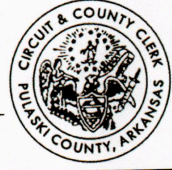
Case Title: DNF ASSOCIATES V LAKISA HAMPTON

Case Number: 60CV-19-562

Type: SUMMONS - FILER PREPARED

So Ordered


Crystal Hill

The seal of the Circuit & County Clerk for Pulaski County, Arkansas, featuring a central shield with a plow, a sheaf of wheat, and a cotton plant, surrounded by the words "CIRCUIT & COUNTY CLERK" and "PULASKI COUNTY, ARKANSAS".

Crystal Hill

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LEAH YARBERRY

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, LEAH YARBERRY, is an adult resident of 125 CLEARWATER CIR UNIT
D, HOT SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$7,929.75

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$8,117.25**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281583

SReygadas001228

Page 1 of 2

2328000058

**Customer Name** Leah Yarberry**Account #** [REDACTED] 2564Questions? - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$7,828.27
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$101.48

New Balance	\$7,929.75
Statement closing date	06/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$7,929.75
Balance Payable To Avoid Further Interest Charges	\$7,929.75
Minimum Payment	\$350.00
Past Due	\$2,447.36
Total Due	\$2,797.36
Payment Due Date	07/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	28 MONTHS	\$9,467.08

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
06/18/2016	06/19/2016	Interest Charges	\$101.48
		TOTAL INTEREST FOR THIS PERIOD	\$101.48

2016 Totals Year To-Date

Total fees charged in 2016	\$130.40
Total interest charged in 2016	\$607.53

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2564
New Balance	\$7,929.75
Due Date	07/13/2016
Total Due	\$2,797.36
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000058

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301263811295649 #
Leah Yarberry
105 Thistledown Trail
Hot Springs AR 71913-8004[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001229

16

KAY
JEWELERS
ON THE EDGE OF THE CITY
KAY.COM

Select the type of account you would like to apply for. Please use the following checkboxes to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:

First Name: Leah M.I.: Last Name: Yarberry Suffix:

Home Address: Apt: 7 City: Benton State: AR Zip Code: 72019

Phone: () Other Phone: Length of Time: 18 yrs

Statement Mailing Address: (if different than above)

Previous Address: (if at current address less than 3 years) City: State: Zip Code: Length of Time:

E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my account.

Position: CNA Self-Employed? Y N

City: State: Zip Code:

Gross Monthly Income: Length of Time: 3mo

Previous Length of Time: 142

Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative: State of Residence: AR Phone:

Joint Applicant Information:

First Name: M.I.: Last Name: Suffix:

Home Address: (if different from primary applicant) City: State: Zip Code: Length of Time:

Phone: Social Security Number: Date of Birth: Driver's License #:

Employer Name and Address: Self-Employed? Y N

Gross Monthly Income: Length of Time: Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account or other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant is liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT-WORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect your rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X Leah Yarberry Date: 3/27/11 Joint Applicant: X

KAY JEWELERS #2328

HOT SPRINGS MALL
4501 CENTRAL AVE. SUITE 155
HOT SPRINGS, AR 719130000

Date: 10/25/2015

Time: 17:54:00

Sales Slip ID: 77034

Cardholder: YARBERRY, LE
Account No: XXXXXX2564
Purchase Price: \$6898.49
Down Payment: \$0.00
Credit Plan: REC

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$6898.49

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.




STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LEAH YARBERRY's KAY JEWELERS account identified by the account number [REDACTED] 2564.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$7,929.75, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51755562
00281583

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LEAH YARBERRY

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LEAH YARBERRY

125 CLEARWATER CIR UNIT D, , HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281583

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V LEAH YARBERRY

Case Number: 26CV-19-127

Type: SUMMONS - FILER PREPARED

So Ordered

Melissia Sowell



MELISSIA SOWELL

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LEANDER MOORE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, LEANDER MOORE, is an adult resident of 1422 S PIERCE ST, LITTLE
ROCK AR 72204.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,102.18

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$1,287.18**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281568

SReygadas001237

Page 1 of 2

1874000504



Customer Name Leander L Moore
Account # 00003620

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,088.87
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$13.31
New Balance	\$1,102.18
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,102.18
Balance Payable To Avoid Further Interest Charges	\$1,102.18
Minimum Payment	\$70.00
Past Due	\$490.00
Total Due	\$560.00
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,236.02

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$13.31
TOTAL INTEREST FOR THIS PERIOD			\$13.31
2016 Totals Year To-Date			
Total fees charged in 2016			\$47.49
Total interest charged in 2016			\$66.37

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3620
New Balance	\$1,102.18
Due Date	06/13/2016
Total Due	\$560.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

1874000504 36200005600000070001102181

000504



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301658016396201 #
Leander L Moore
1422 S Pierce St
Little Rock AR 72204-2637

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001238
KAY KAY
JEWELERS JEWELERS
OUTLET
KAY.COM KAYOUTLET.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. *

Applicant Information:

First Name: Claude M.I. Last Name: Moore

Home Address: [REDACTED] Apt: [REDACTED] City: Little Rock State: AR Zip Code: 72204

Suffix: [REDACTED] 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Other Phone: [REDACTED] Length of Time: 30 yrs

State or mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]

E-Mail Address: [REDACTED] By providing my E-mail address, I consent to [REDACTED] communications about my Account.
[REDACTED] Y N

Employer: [REDACTED]

Employer Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Dept/Ext.: [REDACTED] Length of Time: 4 yrs

Previous Length of Time: [REDACTED]

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Living With You: [REDACTED] State of Residence: AR

Joint Applicant Information:

First Name: [REDACTED] M.I. Last Name: [REDACTED] Suffix: [REDACTED] 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]

Phone: [REDACTED] Social Security Number: [REDACTED] Date of Birth: [REDACTED] Driver's License #: [REDACTED]

Employer Name and Address: [REDACTED] Self-Employed? Y N

Phone: [REDACTED] Gross Monthly Income: [REDACTED] Length of Time: [REDACTED] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account. Any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: **California Residents:** After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. **Ohio Residents:** THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. **New York Residents:** We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. **Wisconsin Residents:** If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:
Name of Spouse: [REDACTED] Address of Spouse: [REDACTED]

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I (or we) consent to be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: [Signature] Date: May 25/18 Joint Applicant: X

0300-13S-0000 (R: 10/14) 058127

SR:eygadas001239

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LEANDER MOORE's KAY JEWELERS account identified by the account number [REDACTED] 3620.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,102.18, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51747469
00281568

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LEANDER MOORE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LEANDER MOORE

1422 S PIERCE ST., , LITTLE ROCK AR 72204

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281568

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



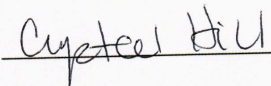
Arkansas Judiciary

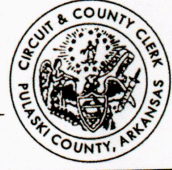
Case Title: DNF ASSOCIATES LLC V LEANDER MOORE

Case Number: 60CV-19-555

Type: SUMMONS - FILER PREPARED

So Ordered


Crystal Hill

The seal of the Circuit & County Clerk of Pulaski County, Arkansas, featuring a central shield with a plow, a sheaf of wheat, and a cotton plant, surrounded by the words "CIRCUIT & COUNTY CLERK" and "PULASKI COUNTY, ARKANSAS".

Crystal Hill

IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LUCAS HARLAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, LUCAS HARLAN, is an adult resident of 1415 N OLYMPIC CLUB AVE
Apt 206, FAYETTEVILLE AR 72704.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$4,535.98

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$167.50
- TOTAL: \$4,703.48**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281550

Sreygadas001245

Page 1 of 2

1875000080,



Customer Name Lucas Harlan
Account [REDACTED] 0733

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$4,490.01
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$45.97

New Balance	\$4,535.98
Statement closing date	04/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,535.98
Balance Payable To Avoid Further Interest Charges	\$4,535.98
Minimum Payment	\$220.00
Past Due	\$1,540.00
Total Due	\$1,760.00
Payment Due Date	05/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	25 MONTHS	\$5,312.55

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
04/18/2016	04/19/2016	Interest Charges	\$45.97
		TOTAL INTEREST FOR THIS PERIOD	\$45.97

2016 Totals Year To-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$183.88

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx0733
New Balance	\$4,535.98
Due Date	05/13/2016
Total Due	\$1,760.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000080



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, [click here](#)

#BWNCKTF
1301342113097331 #
Lucas Harlan
1415 N Olympic Club Ave Apt
206
Fayetteville AR 72704-6472

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LUCAS HARLAN's KAY JEWELERS account identified by the account number [REDACTED] 0733.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,535.98, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51737073
00281550

IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LUCAS HARLAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LUCAS HARLAN

1415 N OLYMPIC CLUB AVE Apt 206, , FAYETTEVILLE AR 72704

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

WASHINGTON COUNTY CIRCUIT COURT
FAYETTEVILLE, AR 72701

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281550

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018; by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V HARLAN

Case Number: 72CV-19-194

Type: SUMMONS - FILER PREPARED

So Ordered

Pam Penn



Pamela Penn, Washington County
Deputy Clerk

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LUDDIE SMITH

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, LUDDIE SMITH, is an adult resident of 14303 HIGH POINT DR, LITTLE
ROCK AR 72211.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$3,464.52

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL: \$3,649.52**
4. Additional Court Costs as they accrue
5. Post judgment interest.

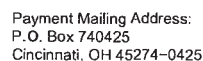
THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281563



STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LUDDIE SMITH's KAY JEWELERS account identified by the account number [REDACTED] 28958.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,464.52, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51744990
00281563

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LUDDIE SMITH

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LUDDIE SMITH

14303 HIGH POINT DR., LITTLE ROCK AR 72211

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281563

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



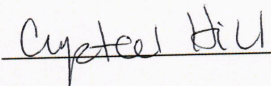
Arkansas Judiciary

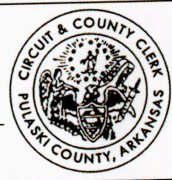
Case Title: DNF ASSOCIATES LLC V LUDDIE SMITH

Case Number: 60CV-19-556

Type: SUMMONS - FILER PREPARED

So Ordered


Crystal Hill

The seal of the Circuit & County Clerk for Pulaski County, Arkansas, featuring a central shield with a plow, a sheaf of wheat, and a cotton plant, surrounded by the words "CIRCUIT & COUNTY CLERK" and "PULASKI COUNTY, ARKANSAS".

Crystal Hill

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DIVISION

DNF Associates LLC

PLAINTIFF

VS

60CV-19-556
CASE #

Luddie Smith

DEFENDANT

ANSWER / RESPONSE

My Grand Kids was given to me
and I could take care of the kids
and pay the bill to, I do understand
I have this debt. I am willing to try
to pay this debt in installment if
anyday possible Thank you for being
Considerate.

Luddie Smith
14303 High Point
Little Rock, AR 72211
501-551-0004

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **60CV-19-556**

Hearing Date:

vs.

LUDDIE SMITH

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **LUDDIE SMITH**

☒ I personally delivered the **Summons; Complaint** to **LUDDIE SMITH** at **14303 HIGH POINT DR, LITTLE ROCK, Pulaski County, AR 72211** on **9th day of March, 2019**; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or

☐ I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: **00281563**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0034278288**

To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 12 day of March, 2019

Crystal Batson
Crystal Batson, Reg. # NA, Pulaski County

Subscribed and Sworn to before me this 12 day of March, 2019

Diane Burton Dockery
NOTARY PUBLIC in and for the State of Arkansas

Residing at: Pine Bluff

My commission expires 9-15-21

OFFICIAL SEAL
DIANE BURTON DOCKERY
NOTARY PUBLIC, ARKANSAS
JEFFERSON COUNTY
COMMISSION #12384099
MY COMMISSION EXP. 09-15-2021

Additional information regarding service or attempted service:

LUDDIE SMITH, Who accepted service, with identity confirmed by subject saying yes when named, a gray-haired black female approx. 55-65 years of age, 5'8"-5'10" tall and weighing 180-200 lbs.



IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. 60CV-19-556

LUDDIE SMITH

DEFENDANT

MOTION FOR JUDGMENT ON THE PLEADINGS

COMES NOW, Plaintiff, DNF Associates LLC and through counsel and moves for a judgment on the pleadings as follows, to wit:

I.

Plaintiff filed a Complaint in this matter and served a copy of it along with a summons issued by the Clerk of this Court, on the Defendant.

II.

In response, Defendant responded to the Complaint and a copy of this response is being filed with this Court. *See Exhibit "A"*

III.

Defendant's response failed to deny the averments contained in Plaintiff's complaint; and therefore, no genuine issues of material fact are in dispute.

IV.

In support of Plaintiff's motion for damages, Plaintiff has attached as exhibits to their complaint, an affidavit of open account. *See Exhibit "A"*.

V.

The total sum pled for in Plaintiff's Complaint remains due and owing from the Defendant to Plaintiff. The Complaint filed herein does hereby state a cause of action as against

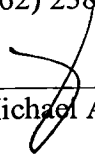
the Defendant, LUDDIE SMITH and the damages incurred by the Plaintiff, DNF Associates LLC are readily capable of being determined, and that the Plaintiff is entitled to recover of, from and against the Defendant, LUDDIE SMITH, in the sum of \$3,464.52, plus court costs and post judgment interest.

WHEREFORE, Plaintiff requests that this Court grant Plaintiff a Judgment on the Pleadings as to its claim against the Defendant in the sum of \$3,464.52, plus costs with interest to accrue at the rate of 5.5% per annum from today until such judgment is satisfied.

March 12, 2019.

Respectfully Submitted,

Jacob Law Group. PLLC
Attorney for the Plaintiff
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(662) 238-2868
(662) 238-2834 facsimile



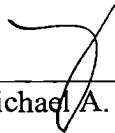
Michael A. Jacob, II

CERTIFICATE OF SERVICE

I, Michael A. Jacob, II, do hereby certify that I have this day mailed, postage prepaid, a true and correct copy of the above and foregoing to:

LUDDIE SMITH
14303 HIGH POINT DR
LITTLE ROCK AR 72211

March 12, 2019.



Michael A. Jacob, II

IN THE CIRCUIT COURT OF LONOKE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

MELISSA HILLMAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, MELISSA HILLMAN, is an adult resident of 790 BLACK JACK RD,
WARD AR 72176.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$3,094.47

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$3,281.97**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293194

SReygadas001266

Page 1 of 2

1873100087



Customer Name Melissa A Hillman
Account # 9268

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$3,064.39
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$30.08
New Balance	\$3,094.47
Statement closing date	11/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,094.47
Balance Payable To Avoid Further Interest Charges	\$3,094.47
Minimum Payment	\$90.00
Past Due	\$720.00
Total Due	\$810.00
Payment Due Date	12/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 YEARS	\$4,001.78
\$107.26	3 YEARS	\$3,801.28 Savings = \$200.50

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged			
Trans Date	Post Date	Description	Amount
11/18/2016	11/19/2016	Interest Charges	\$30.08
TOTAL INTEREST FOR THIS PERIOD			\$30.08
2016 Totals Year To-Date			
Total fees charged in 2016			\$559.30
Total interest charged in 2016			\$321.02

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9268
New Balance	\$3,094.47
Due Date	12/13/2016
Total Due	\$810.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

187310008792680008100000090003094478

100087



#BWNCKTF

92687

Melissa A Hillman
30 Woodbridge Dr
Cabot AR 72023-3967

KAY JEWELERS #1873

MCCAIN MALL

3929 MCCAIN BLVD, SUITE E05B
N LITTLE ROCK, AR 721160000

Date: 07/31/2015

Time: 16:01:02

Sales Slip ID: 39648

Cardholder: HILLMAN, ME
Account No: XXXXXX9268
Purchase Price: \$3617.37
Down Payment: \$1157.53
Credit Plan: BR36

Payment Protection Plan Rate: \$1.110 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$2459.84

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

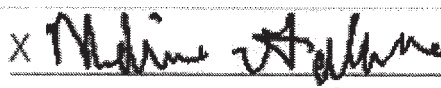


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 


Date of Birth


07/31/15
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant MELISSA HILLMAN's KAY JEWELERS account identified by the account number ~~51903603~~ 0268.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,094.47, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51903603
00293194

IN THE CIRCUIT COURT OF LONOKE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

MELISSA HILLMAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

MELISSA HILLMAN

790 BLACK JACK RD., , WARD AR 72176

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

LONOKE COUNTY CIRCUIT COURT
LONOKE, AR 72086

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293194

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V MELISSA HILLMAN

Case Number: 43CV-19-77

Type: SUMMONS - FILER PREPARED

So Ordered

Monica James



Monica James

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

MURPHY MORMAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, MURPHY MORMAN, is an adult resident of 114 HALTON TERRACE,
HOT SPRINGS AR 71901.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$3,371.08

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$3,558.58**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281593

SReygadas001274

Page 1 of 2

2328000576

**Customer Name** Murphy Morman**Account #** [REDACTED] 1258Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$3,328.95
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$42.13

New Balance	\$3,371.08
Statement closing date	07/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$3,371.08
Balance Payable To Avoid Further Interest Charges	\$3,371.08
Minimum Payment	\$160.00
Past Due	\$1,120.00
Total Due	\$1,280.00
Payment Due Date	08/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	25 MONTHS	\$3,964.83

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
07/18/2016	07/19/2016	Interest Charges	\$42.13
		TOTAL INTEREST FOR THIS PERIOD	\$42.13

2016 Totals Year To-Date

Total fees charged in 2016	\$60.00
Total interest charged in 2016	\$294.91

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx1258
New Balance	\$3,371.08
Due Date	08/13/2016
Total Due	\$1,280.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000576

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301772616192587 #
Murphy Morman
114 Halton Terrace
Hot Springs AR 71901-6431To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2328

HOT SPRINGS MALL
4501 CENTRAL AVE. SUITE 155
HOT SPRINGS, AR 719130000

Date: 11/09/2015

Time: 18:42:09

Sales Slip ID: 77366

Cardholder: MORMAN, MU
Account No: XXXXXX1258
Purchase Price: \$3134.04
Down Payment: \$0.00
Credit Plan: REG

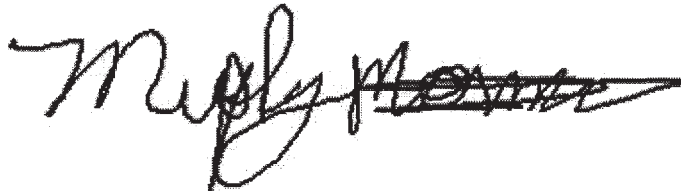
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$3134.04

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

A handwritten signature in black ink, appearing to read "Murphy Morrison", with a long horizontal stroke extending to the right.



16

Select the Type of Account you would like to apply for. Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: *Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information

First Name: [Redacted] M.I. [Redacted] Last Name: [Redacted] Suffix: [Redacted]
 Home Address: [Redacted] Apt: [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]
 Other Phone: [Redacted] Length of Time at Address: [Redacted] yrs
 Statement Mailing Address: [Redacted] (If different than above)
 Previous Address: [Redacted] (If at current address less than 3 years)
 City: [Redacted] State: [Redacted] Zip Code: [Redacted] Length of Time: [Redacted] yrs
 E-Mail Address: [Redacted] I consent to receive E-mail communications about my account.
 Position: [Redacted] **Total Monthly Income: [Redacted]
 City: [Redacted] State: [Redacted] Zip Code: [Redacted]
 Phone: [Redacted] Dept/Ext.: [Redacted] Length of Time at Employer: [Redacted] yrs
 Previous Employer: [Redacted] (If with current employer less than 1 year)
 State of Residence: [Redacted]

Joint Applicant Information

First Name: [Redacted] M.I. [Redacted] Last Name: [Redacted] Suffix: [Redacted]
 Home Address: [Redacted] (If different from primary applicant)
 City: [Redacted] State: [Redacted] Zip Code: [Redacted] Length of Time: [Redacted] yrs
 Phone: [Redacted] Social Security Number: [Redacted] Date of Birth: [Redacted] Driver's License #: [Redacted]
 Employer/*Source of Income: [Redacted] Self-Employed? Y N
 (If Yes, please provide the name of your company in the Employer/Source of Income field)
 Phone: [Redacted] Length of Time at Employer: [Redacted] **Total Monthly Income: [Redacted]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account. Any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** California Residents: After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: [Redacted] Address of Spouse: [Redacted]

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MAKE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any [Redacted] dialing system and/or a prerecorded message when contacted.

Applicant: [Signature] Date: [Redacted] Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant MURPHY MORMAN's KAY JEWELERS account identified by the account number [REDACTED] 1258.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,371.08, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavone

Subscribed and sworn to before me on this 8th day of October, 2018

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51797152
00281593

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

MURPHY MORMAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

MURPHY MORMAN

114 HALTON TERRACE, , HOT SPRINGS AR 71901

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281593

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V MURPHY MORMAN

Case Number: 26CV-19-129

Type: SUMMONS - FILER PREPARED

So Ordered

Candace Muzny



CANDACE MUZNY

IN THE CIRCUIT COURT OF GRANT COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

NICHOLAS PONDER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, NICHOLAS PONDER, is an adult resident of 5040 STAGECOACH RD,
REDFIELD AR 72132.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,184.70

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,372.20**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281565

SReygadas001283

Page 1 of 2

1874100085

**Customer Name** Nicholas W Ponder**Account #** 7034**Questions?** - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,170.33
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$14.37

New Balance	\$1,184.70
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,184.70
Balance Payable To Avoid Further Interest Charges	\$1,184.70
Minimum Payment	\$70.00
Past Due	\$480.00
Total Due	\$550.00
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$1,342.17

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$14.37
		TOTAL INTEREST FOR THIS PERIOD	\$14.37

2016 Totals Year To-Date

Total fees charged in 2016	\$96.82
Total interest charged in 2016	\$71.28

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7034
New Balance	\$1,184.70
Due Date	06/13/2016
Total Due	\$550.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

100085

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301657310790341 #
Nicholas W Ponder
311 N Main St
Sheridan AR 72150-2125[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #1874

PARK PLAZA MALL

6000 W. Markham St. Space 3116

LITTLE ROCK, AR 722050000

Date: 05/01/2015

Time: 20:53:13

Sales Slip ID: 48510

Cardholder: PONDER, NI
Account No: XXXXXX7034
Purchase Price: \$1775.04
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

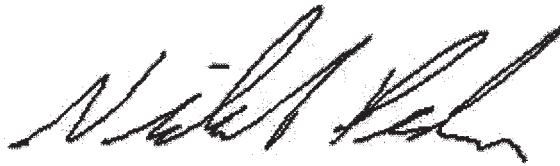
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1775.04

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 

~~05/01/15~~
Date of Birth

05/01/15
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant NICHOLAS PONDER's KAY JEWELERS account identified by the account number [REDACTED] 7034.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,184.70, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51745225
00281565

IN THE CIRCUIT COURT OF GRANT COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

NICHOLAS PONDER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

NICHOLAS PONDER

5040 STAGECOACH RD., , REDFIELD AR 72132

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GRANT COUNTY CIRCUIT COURT
SHERIDAN, AR 72150

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281565

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V NICHOLAS PONDER

Case Number: 27CV-19-10

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature of Kelly A. McAnally, followed by a small circular seal.

KELLY A MCANALLY

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
WESTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RANDY ROBBINS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, RANDY ROBBINS, is an adult resident of 918 E CRAIGHEAD FOREST
RD, JONESBORO AR 72404.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.


IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,386.82
2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,574.32**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293188

SReygadas001291

Page 1 of 2

2215000331

**Customer Name** Randy Robbins**Account** [REDACTED] 8617Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,863.69
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$23.13

New Balance	\$1,886.82
Statement closing date	11/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,886.82
Balance Payable To Avoid Further Interest Charges	\$1,886.82
Minimum Payment	\$110.00
Past Due	\$770.00
Total Due	\$880.00
Payment Due Date	12/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$2,142.03

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
11/24/2016	11/25/2016	Interest Charges	\$23.13
TOTAL INTEREST FOR THIS PERIOD			\$23.13

2016 Totals Year To-Date

Total fees charged in 2016	\$229.62
Total interest charged in 2016	\$257.00

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8617
New Balance	\$1,886.82
Due Date	12/19/2016
Total Due	\$880.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000331

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425[To review important notices, click here](#)#BWNCKTF
1311713125856179 #
Randy Robbins
918 E Craighead Forest Rd Apt
S
Jonesboro AR 72404-8308Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 11/23/2015

Time: 17:56:40

Sales Slip ID: 97630

Cardholder: ROBBINS, RA
Account No: XXXXXX8617
Purchase Price: \$1789.14
Down Payment: \$0.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.110 per \$100

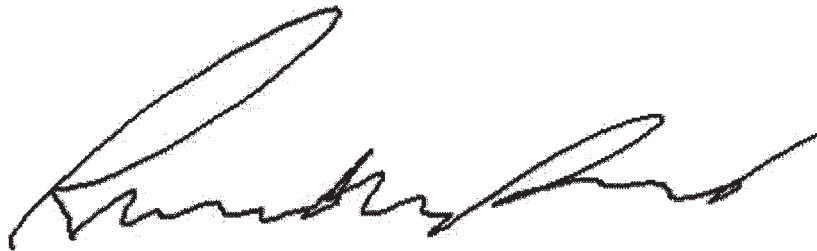
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1789.14

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X

11/13/1994

11/23/15



16

[] INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

[] JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

[] COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

First Name: Randi M.I. Last Name: Robbins Suffix:

Home Address: [REDACTED] Apt: City: Lake City State: Ar Zip Code: 72437

Phone: [REDACTED] Name Phone Billed Under: [REDACTED] Other Phone: () Length of Time at Address: 20

Statement Mailing Address: [REDACTED] (If different than above)

Previous Address: [REDACTED] (If at current address less than 3 years)

City: State: Zip Code: Length of Time:

E-Mail Address: [REDACTED] By providing my E-mail address, I consent to receive E-mail communications about my Account.

Employer/*Source: [REDACTED] Position: **Total Monthly Income: [REDACTED]

Employer Address: [REDACTED] City: St. Louis State: Zip Code:

Length of Time at Employer: 1

Self-Employed: Y N (If Yes, please provide the name of your company in the Employer/Source of Income field above)

Previous Employer: [REDACTED] (If with current employer less than 1 year)

Previous Length of Time:

Nearest Relative Not Living With You: [REDACTED] State of Residence: [REDACTED] Phone: [REDACTED]

First Name: M.I. Last Name: Suffix:

Home Address: [REDACTED] (If different from primary applicant)

City: State: Zip Code: Length of Time:

Phone: () Social Security Number: [REDACTED] Date of Birth: [REDACTED] Driver's License #: [REDACTED]

Employer/*Source of Income: [REDACTED] Self-Employed? Y N (If Yes, please provide the name of your company in the Employer/Source of Income field)

Phone: () Length of Time at Employer: **Total Monthly Income:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: [Signature] Date: 4-23 Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant RANDY ROBBINS's KAY JEWELERS account identified by the account number [REDACTED] 8617.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,386.82, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F18379890
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51900648
00293188

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
WESTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RANDY ROBBINS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

RANDY ROBBINS

918 E CRAIGHEAD FOREST RD. , JONESBORO AR 72404

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

CRAIGHEAD COUNTY CIRCUIT COURT
JONESBORO, AR 72403

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293188

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES V RANDY ROBBINS

Case Number: 16JCV-19-94

Type: SUMMONS - FILER PREPARED

So Ordered

Sharron L. Ussery



Sharron Ussery, Deputy Clerk

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RANDY STINSON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, RANDY STINSON, is an adult resident of 1017 SULPHUR SPRINGS RD,,
Malvern AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,026.85

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,214.35**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281558

SReygadas001300

Page 1 of 2

2328000422

**Customer Name** Randy Stinson**Account #** 3608Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$1,016.63
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$10.22
New Balance	\$1,026.85
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,026.85
Balance Payable To Avoid Further Interest Charges	\$1,026.85
Minimum Payment	\$135.00
Past Due	\$840.00
Total Due	\$975.00
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	8 MONTHS	\$1,077.99

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$10.22
TOTAL INTEREST FOR THIS PERIOD			\$10.22
2016 Totals Year To-Date			
Total fees charged in 2016			\$100.08
Total interest charged in 2016			\$235.45

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3608
New Balance	\$1,026.85
Due Date	06/13/2016
Total Due	\$975.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000422

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301652915396081 #
Randy Stinson
138 Morning Star Lane
Hot Springs AR 71901-9535To review important notices, click [here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 12/24/2014

Time: 09:05:41

Sales Slip ID: 68646

Cardholder: STINSON, RA
Account No: XXXXXX3608
Purchase Price: \$3481.10
Down Payment: \$1900.00
Credit Plan: IF45

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS PROVIDED THEY ARE IN ORIGINAL CONDITION (UNWORN AND UNALTERED) AND ACCOMPANIED BY THE ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. CUSTOM DESIGNED MERCHANDISE, CLASS RINGS, SPECIAL ORDERED WATCHES AND ITEMS ENGRAVED WITH PERSONALIZED INFORMATION CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED THROUGH THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1581.10

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 

09/18/79
Date of Birth

12/24/14
Date

Sreygadas001302
KAY KAY
OUTLET
KAY KAY

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. *

Applicant Information:

First Name: Randu M.I. Last Name: stinson Suffix: HS
Home Address: [REDACTED] Apt: [REDACTED] City: [REDACTED] State: AR Zip Code: 71901
Phone: [REDACTED] Other Phone: [REDACTED] Length of Time: 16 yrs
Statement Mailing Address: [REDACTED]
(If different than above)
Previous Address: [REDACTED] City: Malvern State: AR Zip Code: 72104 Length of Time: 6 yrs
(If at current address less than 3 years)
Driver's License: [REDACTED] E-Mail Address: [REDACTED]
By providing my E-mail address, I consent to receive E-mail communications about my Account.
Self-Employed? ☐ Y ☐ N
Position: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Employer: [REDACTED] Gross Monthly Income: [REDACTED] Length of Time: 11 yrs.
Previous Employer: [REDACTED] Previous Length of Time: [REDACTED]
(If with current employer less than 1 year)
*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

Nearest Relative Not Living: [REDACTED] State of Residence: AR Phone: [REDACTED]

Joint Applicant Information:

First Name: [REDACTED] M.I. Last Name: [REDACTED] Suffix: [REDACTED]
Home Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]
(If different from primary applicant)
Phone: [REDACTED] Social Security Number: [REDACTED] Date of Birth: [REDACTED] Driver's License #: [REDACTED]
Employer Name and Address: [REDACTED] Self-Employed? ☐ Y ☐ N
Phone: [REDACTED] Gross Monthly Income: [REDACTED] Length of Time: [REDACTED] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information.

Name of Spouse: [REDACTED] Address of Spouse: [REDACTED]

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: [Signature] Date: [REDACTED] Joint Applicant: [REDACTED]

0300-13S-0000 (R 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant RANDY STINSON's KAY JEWELERS account identified by the account number ~~301111~~3608.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,026 85, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6378990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51743460
00281558

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RANDY STINSON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

RANDY STINSON

1017 SULPHUR SPRINGS RD., , Malvern AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281558

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V RANDY STINSON

Case Number: 30CV-19-21

Type: SUMMONS - FILER PREPARED

So Ordered

A blue ink signature of Lori Burks is written over a light blue background. To the right of the signature is a circular seal for the 10th Circuit Court, Springdale County, Arkansas. The seal features a central emblem with a plow and a sheaf of wheat, surrounded by the text "10TH CIRCUIT COURT", "SPRINGDALE COUNTY", and "ARKANSAS".

LORI BURKS

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RICHARD WEBB

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, RICHARD WEBB, is an adult resident of 814 SUMMERS ST, HOT
SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

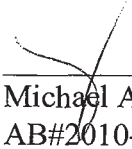
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$3,548.00

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$3,735.50**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288608

SReygadas001309

Page 1 of 2

2328000381

**Customer Name** Richard Webb**Account #** 210003953Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,507.79
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$40.21

New Balance	\$3,548.00
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,548.00
Balance Payable To Avoid Further Interest Charges	\$3,548.00
Minimum Payment	\$145.00
Past Due	\$1,445.00
Total Due	\$1,590.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	30 MONTHS	\$4,311.20

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

			Interest Charged
Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$40.21
TOTAL INTEREST FOR THIS PERIOD			\$40.21
2016 Totals Year To-Date			
Total fees charged in 2016			\$509.90
Total interest charged in 2016			\$355.06

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3953
New Balance	\$3,548.00
Due Date	10/13/2016
Total Due	\$1,590.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000381

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

39530015900000145003548007

#BWNCKTF
1301696814399530 #
Richard Webb
814 Summers St
Hot Springs AR 71913-4234

Sterling Jewelers Inc. 001340Y

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. *

Applicant Information:First Name: Richard M.I.Last Name: Webb

Suffix:

1. Are you a U.S. Citizen? Y N

2. Are you in the military? Y N

3. Do you have established credit? Y N

Home Address:

Apt:

City:

State:

Zip Code:

Other Phone:

Length of Time:

Statement Mailing Address:
(If different than above):Previous Address:
(If at current address less than 3 years):

City:

State:

Zip Code:

Length of Time:

E-Mail Address:

By providing my E-mail address, I consent to receive E-mail communications about my Account.

Employer:

Position:

Self-Employed? Y N

Employer Address:

City:

State:

Zip Code:

Dept/Ext.:

G:

Length of Time:

Previous Employer:

(If with current employer less than 1 year)

Previous Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

State of Residence:

Joint Applicant Information:

First Name: M.I.

Last Name:

Suffix:

1. Are you a U.S. Citizen? Y N

2. Are you in the military? Y N

3. Do you have established credit? Y N

Home Address:
(If different from primary applicant)

City:

State:

Zip Code:

Length of Time:

Phone:

Social Security Number:

Date of Birth:

Driver's License #:

Employer Name and Address:

Self-Employed? Y N

Phone:

Gross Monthly Income:

Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: **California Residents:** After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. **Ohio Residents:** THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. **New York Residents:** We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. **Wisconsin Residents:** If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and to be contacted by telephone dialing system and/or a text message when contacted.

Applicant: X

Date: 4/15/15

Joint Applicant: X

0300-13S-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant RICHARD WEBB's KAY JEWELERS account identified by the account number ~~XXXXXX~~3953.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,548.00, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51852012
00288608

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RICHARD WEBB

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

RICHARD WEBB

814 SUMMERS ST., HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288608

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V RICHARD WEBB

Case Number: 26CV-19-131

Type: SUMMONS - FILER PREPARED

So Ordered

Candace Muzny



CANDACE MUZNY

IN THE CIRCUIT COURT OF GARLAND COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **26CV-19-131**

Hearing Date:

vs.

RICHARD WEBB

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **RICHARD WEBB**

- ☐ I personally delivered the **Summons; Complaint** to the individual at _____
_____ [place] on _____ [date]; or
- ☐ I left the **Summons; Complaint** in the proximity of the individual by _____
after he/she refused to receive it when I offered it to him/her; or
- ☒ I left the **Summons; Complaint** with **Tasha Smith**, a member of the defendant's family at least 18 years of age, at
1123 BURCHWOOD BAY RD, HOT SPRINGS NATIONAL PARK, Garland County, AR 71913, a place where the
defendant resides, on **1st day of March, 2019**; or
- ☐ I delivered the **Summons; Complaint** to _____ [name of individual], an
agent authorized by appointment or by law to receive service of summons on behalf of _____
[name of defendant] on _____ [date]; or
- ☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on
the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return
receipt.
- ☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons;
Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and
received the attached notice and acknowledgment form within twenty days after the date of mailing.
- ☐ Other [specify]: _____
- ☐ I was unable to execute service at _____
[place] :

My fee is \$: **\$ 65.00**

REF: **00288603**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0033960788**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

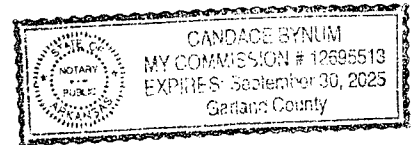
DATED this 6 day of March, 2019

Rhonda Fletcher
Rhonda Fletcher, Reg. # N/A, Garland County Circuit Court

Subscribed and Sworn to before me this 10th day of March, 2019.

Mandale Bynum
NOTARY PUBLIC in and for the State of **Arkansas**
Residing at: _____

My commission expires 9/30/25



Additional information regarding service or attempted service:

Tasha Smith, SIBLING, CO-RESIDENT, who accepted service, with identity confirmed by subject stating their name, a white female approx. 25-35 years of age, 5'6"-5'8" tall, weighing 160-180 lbs with blonde hair.



FILED

JAN 29 2019

11:30 AM

LESLIE MASON
CIRCUIT CLERK

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. 47BCV-19-18 (TA)

ROBERT SIMS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, ROBERT SIMS, is an adult resident of 606 N BOSTON ST #77, Manila AR
72442.

II.

Plaintiff, holds in due course a claim against the Defendant pursuant to a KAY
JEWELERS account. This account is in default and is presently due and owing in the amount
listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.


IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,301.90
2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$167.50
- TOTAL: \$1,469.40**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281582

RAYgads001319

16

OUTLET

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: M.I. Last Name:

Robert Sims

Home Address: 1608 Sundown Dr

Phone: Name Phone Billed Under:

Statement Mailing Address:
(if different than above)Previous Address:
(if at current address less than 3 years)

Driver's License #: Date of Birth:

Employer:

Employer Address:

Phone: Dept./Ext.:

Previous Employer:
(if with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Living With You:

State of Residence:

Joint Applicant Information:

First Name: M.I. Last Name:

Home Address:
(if different from primary applicant)

Phone: Social Security Number:

Employer Name and Address:

Phone: Gross Monthly Income: Length of Time:

Suffix:

1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Apt: City: State: Zip Code: 77331
Other Phone: () Length of Time:

City: State: Zip Code: Length of Time:

E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my Account.

Position: Self-Employed? Y N

City: State: Zip Code:

Gross Monthly Income: Length of Time:

Previous Length of Time:

Suffix:

1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

City: State: Zip Code: Length of Time:

Date of Birth: Driver's License #:

Self-Employed? Y N

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information.

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of my automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant X

Date 9-15-15 Joint Applicant X

0300-13S-0000 (R 10/14) 058127

JAN 29 2019

LESLIE MASON
CIRCUIT CLERK

SReygadas001320

Page 1 of 2

**Customer Name** Robert Sims**Account #** [REDACTED] 4038Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,287.03
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$14.87
New Balance	\$1,301.90
Statement closing date	06/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,301.90
Balance Payable To Avoid Further Interest Charges	\$1,301.90
Minimum Payment	\$80.00
Past Due	\$420.00
Total Due	\$500.00
Payment Due Date	07/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,466.70

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
06/24/2016	06/25/2016	Interest Charges	\$14.87
		TOTAL INTEREST FOR THIS PERIOD	\$14.87

2016 Totals Year To-Date

Total fees charged in 2016	\$170.43
Total interest charged in 2016	\$87.95

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx4038
New Balance	\$1,301.90
Due Date	07/19/2016
Total Due	\$500.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

100050



#BWNCKTF
1301761227450385 #
Robert Sims
606 N Boston Apt 77
Manilla AR 72442

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click [here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 09/18/2015

Time: 16:06:22

Sales Slip ID: 96344

Cardholder: SIMS, RO
Account No: XXXXXX4038
Purchase Price: \$1084.99
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1084.99

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X

06/29/1989

09/18/15

Date of Birth


Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit.

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ROBERT SIMS's KAY JEWELERS account identified by the account number ~~XXXXXX~~4038.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,301.90, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51753320
00281582

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. 47BCV-19-18 (TA)

ROBERT SIMS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ROBERT SIMS

606 N BOSTON ST #77, , Manila AR 72442

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

MISSISSIPPI COUNTY CIRCUIT COURT
BLYTHEVILLE, AR 72316

Leslie Mason, Circuit Clerk

Leslie Mason
[Signature of Clerk or Deputy Clerk]

Date: 1-29-2019

11:30AM

[SEAL]



00281582

SReygadas001324

FILEDMAR 19 2019
9:00 AM
LESLIE MASON
CIRCUIT CLERKIN THE CIRCUIT COURT OF MISSISSIPPI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 47BCV-19-18

Hearing Date:

vs.

ROBERT SIMS

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint**AFFIDAVIT OF SERVICE**This affidavit is for service on **ROBERT SIMS**I personally delivered the **Summons; Complaint** to **ROBERT SIMS** at **5661 N County Road 917, Blytheville, Mississippi County, AR 72315-7426** on **5th day of March, 2019**; orI left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; orI left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; orI delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of [name of defendant] on _____ [date]; orI am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

Other [specify]: _____



I was unable to execute service at _____ [place]: _____

My fee is \$: \$ 65.00

REF: 00281582

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE

Tracking #: 0034054822



SReygadas001325

To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this _____ day of March, 2019.

Mauri Lee Cole

Mauri Lee Cole, Reg. # 2014R-02637, Clay County

Subscribed and Sworn to before me this 7 day of March, 2019.

Deana G. Freeman

NOTARY PUBLIC in and for the State of **Arkansas**

Residing at: _____

My commission expires 11-26-23



Additional information regarding service or attempted service:

ROBERT SIMS, Who accepted service, with identity confirmed by subject stating their name, a white male approx. 55-65 years of age, 5'6"-5'8" tall, weighing 120-140 lbs with gray hair with an accent. The serving indicates the subject is 38 but the resident that identified himself as Robert Sims was older. .



IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SALAMATOU DIOFFO

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, SALAMATOU DIOFFO, is an adult resident of 201 DONAGHEY AVE,
CONWAY AR 72035.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,456.08

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,643.58**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281561

SReygadas001328

Page 1 of 2

1874000055

**Customer Name** Salamatou Dioffo I**Account #** [REDACTED] 3747Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$1,450.12
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$5.96
New Balance	\$1,456.08
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,456.08
Balance Payable To Avoid Further Interest Charges	\$1,456.08
Minimum Payment	\$126.00
Past Due	\$1,086.00
Total Due	\$1,212.00
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	12 MONTHS	\$1,489.02

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$5.96
		TOTAL INTEREST FOR THIS PERIOD	\$5.96
2016 Totals Year To-Date			
Total fees charged in 2016			\$77.65
Total interest charged in 2016			\$29.92

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3747
New Balance	\$1,456.08
Due Date	06/13/2016
Total Due	\$1,212.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000055



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301151515397474 #
Salamatou Dioffo I
1965 Robins St Apt A
Conway AR 72034-6246

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY Jewelers
E W E L E R S
Key, like begins with K, as in
key.com

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be and responsible for payments.**NOTICE:** Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. ***Applicant Information:**

Name:

Salamatou Dicks

1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address:

Apt:

City:

State:

Zip Code:

Name Phone Billed Under:

Other Phone:

Length of Time:

Mailing Address:

(If different than above)

Previous Address:

(If at current address less than 1 year)

City:

State:

Zip Code:

Length of Time:

E-Mail Address:

By providing my E-mail address, I consent to receive E-mail communications about my application.

Employer Name and Address:

Position:

Self-Employed? Y N

Employer Address:

City:

State:

Zip Code:

Home:

Dept/Ext.:

Gross Monthly Salary:

Length of Time:

Previous Employer:

(If with current employer less than 1 year)

Previous Length of Time:

Other Income Amount:

Source:

Nearest Relative Not Living With You:

State of Residence:

Phone:

Joint Applicant Information:

Name:

1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address:

(If different from primary applicant)

City:

State:

Zip Code:

Length of Time:

Home:

Social Security Number:

Date of Birth:

Driver's License #:

Employer Name and Address:

Self-Employed? Y N

Home:

Gross Monthly Salary:

Length of Time:

Other Income Amount:

Source:

The information furnished on this application is complete and accurate, to the best of my knowledge. You may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, extension of credit, or collection of the account. Upon request, I will be told whether or not a consumer report was requested. I will be told the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit application, applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.72 Wis. Stats. will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

Applicant:

Salamatou Dicks

Date: 11-06-09

Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SALAMATOU DIOFFO's KAY JEWELERS account identified by the account number [REDACTED] 3747.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,456.08, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51743900
00281561

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SALAMATOU DIOFFO

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SALAMATOU DIOFFO

201 DONAGHEY AVE., CONWAY AR 72035

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281561

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SALAMATOU DIOFFO

Case Number: 23CV-19-111

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink, appearing to read "J. Wiggs".

J.WIGGS



IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SANTANA HOOD

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, SANTANA HOOD, is an adult resident of 688 ELKHORN LOOP, HOT
SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,486.04

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$1,673.54**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288606

Sreygadas001336

Page 1 of 2

2328000007

**Customer Name** Santana M Hood**Account #** [REDACTED] 9827Questions? - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,470.36
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$15.68

New Balance	\$1,486.04
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,486.04
Balance Payable To Avoid Further Interest Charges	\$1,486.04
Minimum Payment	\$95.00
Past Due	\$425.00
Total Due	\$520.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,665.07

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$15.68
TOTAL INTEREST FOR THIS PERIOD			\$15.68

2016 Totals Year To-Date

Total fees charged in 2016	\$326.57
Total interest charged in 2016	\$141.46

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9827
New Balance	\$1,486.04
Due Date	10/13/2016
Total Due	\$520.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000007



#BWNCKTF

[REDACTED] 98279

Santana M Hood
688 Elkhorn Loop
Hot Springs AR 71913-6677KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

A Y Sreygadas001337

W E L E R S
Please begin with "AY"
kay.com

16

TYPE

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: "Alimony, child support" or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Name: Santana M. Hood

1. Are you a U.S. Citizen? Y N 2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: [REDACTED] **City:** HSV **State:** Ark **Zip Code:** 71900

Phone: [REDACTED] **Name Phone Billed Under:** Angie Williams **Other Phone:** () **Rent/Buy/Other:** **Length of Time:** 3 yr

Statement Mailing Address: (If different than above) [REDACTED]

Previous Address: (If at current address less than 3 years) [REDACTED] **City:** [REDACTED] **State:** [REDACTED] **Zip Code:** [REDACTED] **Length of Time:** [REDACTED]

DL#: [REDACTED] **E-Mail Address:** [REDACTED]

Nearest Relative Not Living With You: [REDACTED] **State of Residence:** Ark **Phone:** [REDACTED]

Employer: [REDACTED] **Position:** [REDACTED] **Self-Employed?** (Y)

Address: [REDACTED] **City:** HSV **State:** Ark **Zip Code:** 71909

Phone: [REDACTED] **Gross Monthly Salary:** [REDACTED] **Length of Time:** 3 yrs

Previous Employer: (If with current employer less than 1 year) [REDACTED] **Prev. Length of Time:** [REDACTED]

***Other Income Amount:** [REDACTED] **Source:** [REDACTED]

Name: [REDACTED] **Rent/Buy/Other:** [REDACTED] **Are you a U.S. Citizen?** Y N

Home Address: (If different from primary applicant) [REDACTED] **City:** [REDACTED] **State:** [REDACTED] **Zip Code:** [REDACTED] **Length of Time:** [REDACTED]

Phone: () **SSN:** [REDACTED] **DOB:** [REDACTED] **DL#:** [REDACTED]

Employer Name and Address: [REDACTED] **Self-Employed?** Y N

Phone: () **Gross Monthly Salary:** [REDACTED] **Length of Time:** [REDACTED]

***Other Income Amount:** [REDACTED] **Source:** [REDACTED]

You may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, extension of credit or collection of the account. Upon request, I will be told whether or not a consumer report was requested and, if such a report was requested, I will be told the name and address of the reporting agency that furnished that report. (TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO US AT P.O. BOX 3680, AKRON, OH 44309-3680). **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** **California Residents:** After credit approval each applicant may be liable for all amounts of credit extended under this Account to any joint applicant. **Ohio Residents:** THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. **New York Residents:** We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. **Wisconsin Residents:** If you are married and are applying for an individual Account, combine your and your spouse's financial information above. **Marital Agreement Notice -** No provision of marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree. We have actual knowledge of its terms. **Before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:**

Name of Spouse: [REDACTED] **Address of Spouse:** [REDACTED]

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE K EWELETS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

Applicant: X Santana Hood **Date:** 10/13/18 **Joint Applicant:** X

edit Line: 300- **Account Number:** [REDACTED] 9827 **0300-13S-0000 (R:08/05) 680891**

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SANTANA HOOD's KAY JEWELERS account identified by the account number ~~010000~~9827.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,486.04, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16378990
Qualified in Erie County
My Commission Expires 08-27-2022

51855945
00288606

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SANTANA HOOD

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SANTANA HOOD

688 ELKHORN LOOP., HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288606

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SANTANA HOOD

Case Number: 26CV-19-130

Type: SUMMONS - FILER PREPARED

So Ordered

Candace Muzny



CANDACE MUZNY

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SHANNAN L PRUITT

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, SHANNAN L PRUITT, is an adult resident of 1321 sunset drive, conway AR
72034.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$2,141.37

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$2,328.87**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293189

Sreygadas001344



16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. *

Applicant Information:

First Name: Shanna M.I. L Last Name: Griffith

Suffix:

1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: [REDACTED]
Phone: [REDACTED] Name Phone Billed Under: [REDACTED]

Apt: [REDACTED] City: Nashville State: TN Zip Code: 37211
Other Phone: [REDACTED] Length of Time: [REDACTED]

Statement Mailing Address: [REDACTED]
(If different than above)

Previous Address: [REDACTED]
(If at current address)

City: Branson State: MO Zip Code: 65616 Length of Time: 6 YRS

Other: [REDACTED]

E-Mail Address: [REDACTED] By providing my E-mail address, I consent to [REDACTED] email communications about my Account.

Employer Address: 3905 Eckhart DR
Phone: [REDACTED] Dept/Ext.: [REDACTED]

City: Nashville State: TN Zip Code: 37211
Gross Monthly Income: [REDACTED] Length of Time: 6 YRS

Previous Employer: [REDACTED]
(If with current employer less than 1 year)

Previous Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative: [REDACTED] State of Residence: AR

Joint Applicant Information:

First Name: [REDACTED] M.I. [REDACTED] Last Name: [REDACTED]

Suffix:

1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: [REDACTED]
(If different from primary applicant)

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]

Phone: [REDACTED] Social Security Number: [REDACTED]

Date of Birth: [REDACTED] Driver's License #: [REDACTED]

Employer Name and Address:

Self-Employed? Y N

Phone: [REDACTED] Gross Monthly Income: [REDACTED] Length of Time: [REDACTED] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: [REDACTED] Address of Spouse: [REDACTED]

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I (we) consent to be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and I (we) consent to the use of any text, fax, email, dialing system and/or a pre-recorded message when contacted.

Applicant: X

Date: 6-9-15

Joint Applicant: X

0300-135-0003 (R: 10/14) 058127

SReygadas001345

Page 1 of 2

0329000215

**Customer Name** Shannan L Pruitt**Account #** [REDACTED] 2184Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$2,008.65
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$25.58

New Balance	\$2,034.23
Statement closing date	10/02/2017
Days in billing cycle	30

Payment Information

New Balance	\$2,034.23
Balance Payable To Avoid Further Interest Charges	\$2,034.23
Minimum Payment	\$125.00
Past Due	\$625.00
Total Due	\$750.00
Payment Due Date	10/27/2017

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$2,291.76

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
10/02/2017	10/03/2017	Interest Charges	\$25.58
		TOTAL INTEREST FOR THIS PERIOD	\$25.58

2017 Totals Year To-Date

Total fees charged in 2017	\$101.00
Total interest charged in 2017	\$226.66

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2184
New Balance	\$2,034.23
Due Date	10/27/2017
Total Due	\$750.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000215

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1311608406231847 #
Shannan L Pruitt
318 County Rd 783
Jonesboro AR 72401To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SHANNAN L PRUITT's KAY JEWELERS account identified by the account number [REDACTED]
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,141.37, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379890
Qualified In Erie County
My Commission Expires 08-27-2022

52165195
00293189

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SHANNAN L PRUITT

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SHANNAN L PRUITT

1321 sunset drive, , conway AR 72034

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293189

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SHANNAN L PRUITT

Case Number: 23CV-19-122

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink, appearing to read "J. Wiggs".

J. WIGGS



SReygadas001350

ELECTRONICALLY FILED
 Faulkner County Circuit Court
 Crystal Taylor, Circuit Clerk
 2019-Mar-23 16:56:14
 23CV-19-122
 C20D03 : 2 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY
 STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 23CV-19-122

Hearing Date:

vs.

SHANNAN L PRUITT

Defendant/Respondent

DECLARATION OF SERVICE OF
 Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on SHANNAN L PRUITT

☒ I personally delivered the **Summons; Complaint** to SHANNAN L PRUITT at 1321 sunset drive, conway, Faulkner County, AR 72034 on 4th day of March, 2019; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or

☐ I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____ [place] : _____

My fee is \$: \$ 65.00

REF: 00293189

PAGE 1 OF 2
 ORIGINAL PROOF OF
 SERVICE



Tracking #: 0034026018



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 5th day of MARCH, 2019.



Curtis Lee, Reg. # LS-18-9, Circuit Court of Faulkner County

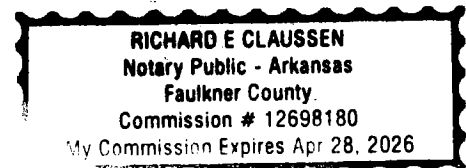
Subscribed and Sworn to before me this 5TH day of MARCH, 2019.



NOTARY PUBLIC in and for the State of Arkansas

Residing at: 2590 DONAGHEY AVE., CONWAY, AR

My commission expires 4-28-2026



Additional information regarding service or attempted service:

SHANNAN L PRUITT, Who accepted service, with identity confirmed by subject stating their name, a white female approx. 45-55 years of age, 5'6"-5'8" tall, weighing 180-200 lbs with brown hair.



IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SHIRLEY MCADOO

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, SHIRLEY MCADOO, is an adult resident of 317 OVERMAN ST,
MALVERN AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.


As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,024.18

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,211.68**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288612

SReygadas001354

Page 1 of 2

2328000595



Customer Name Shirley A McAdoo
Account # ~~317777~~ 1680

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,011.90
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$12.28

New Balance	\$1,024.18
Statement closing date	08/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,024.18
Balance Payable To Avoid Further Interest Charges	\$1,024.18
Minimum Payment	\$60.00
Past Due	\$420.00
Total Due	\$480.00
Payment Due Date	09/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$1,161.79

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged			
Trans Date	Post Date	Description	Amount
08/18/2016	08/19/2016	Interest Charges	\$12.28
TOTAL INTEREST FOR THIS PERIOD			\$12.28
2016 Totals Year To-Date			
Total fees charged in 2016			\$94.14
Total interest charged in 2016			\$97.25

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx1680
New Balance	\$1,024.18
Due Date	09/13/2016
Total Due	\$480.00
Amount Enclosed	\$

202800059516800004800000060001024185

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000595



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301784215196802 #
Shirley A McAdoo
317 Overman St
Malvern AR 72104-4061

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001355



16

Self Type of Account

☒ **INDIVIDUAL ACCOUNT** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE **Total Monthly Income includes income from a job including full time part time or seasonal jobs or from self employment and includes bonuses tips and commissions. It includes interest or dividends rental income retirement income or public assistance, as well as profit from self employment. It includes shared income which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older you may also include income from others if you can use that income to pay your bills. *Alimony child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Primary Applicant

First Name: Shirley A. Last Name: Mladoo Suffix: M
 Home Address: [Redacted] Apt: [Redacted] City: Malvern State: AR Zip Code: 72104
 Phone: [Redacted] Other Phone: [Redacted] Length of Time at Address: 55 yrs
 Statement Mailing Address: [Redacted] (If different than above)
 Previous Address: [Redacted] (If at current address less than 3 years)
 City: [Redacted] State: [Redacted] Zip Code: [Redacted] Length of Time: [Redacted]
 E Mail Address: [Redacted] By providing my E mail address, I consent to receive E mail communications about my Account.
 Employer/Source of Income: [Redacted] Position: [Redacted] **Total Monthly Income: \$2000 2000
 Employer Address: [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]
 Dep/Ext: [Redacted] Length of Time at Employer: 27 yrs
 Self Employed? Y N: [Redacted] Previous Employer: [Redacted] (If with current employer less than 1 year)
 State of Residence: AR Phone: [Redacted]
 Nearest Relative Not Living With You: [Redacted]

Joint Applicant

First Name: [Redacted] Last Name: [Redacted] Suffix: [Redacted]
 Home Address: [Redacted] (If different from primary applicant)
 City: [Redacted] State: [Redacted] Zip Code: [Redacted] Length of Time: [Redacted]
 Phone: [Redacted] Social Security Number: [Redacted] Date of Birth: [Redacted] Driver's License #: [Redacted]
 Employer/Source of Income: [Redacted] Self Employed? Y N: [Redacted] (If Yes please provide the name of your company in the Employer/Source of Income field)
 Phone: [Redacted] Length of Time at Employer: [Redacted] **Total Monthly Income: [Redacted]

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** **California Residents:** After credit approval each applicant shall have the right to use an open end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. **Ohio Residents:** THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. **THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW.** **New York Residents:** We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. **Wisconsin Residents:** If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice: No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: [Redacted] Address of Spouse: [Redacted]

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: [Signature: Shirley Mladoo] Date: 3/2/18 Joint Applicant X: [Redacted]

(R 10/15) 150167

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 12/16/2015

Time: 16:04:14

Sales Slip ID: 79169

Cardholder: MCADOO, SH
Account No: XXXXXX1680
Purchase Price: \$1181.68
Down Payment: \$350.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

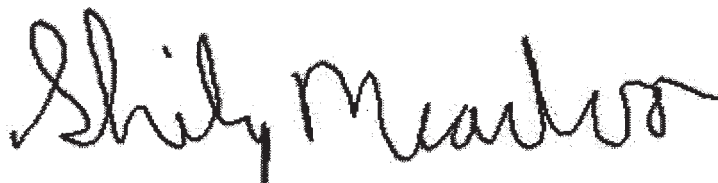
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$831.68

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

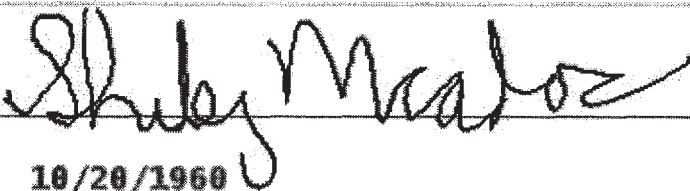


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 

10/20/1960

12/16/15

Date of Birth

Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SHIRLEY MCADOO's KAY JEWELERS account identified by the account number [REDACTED] 1680.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,024.18, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51837096
00288612

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SHIRLEY MCADOO

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SHIRLEY MCADOO

317 OVERMAN ST., MALVERN AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288612

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:





Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SHIRLEY MCADOO

Case Number: 30CV-19-24

Type: SUMMONS - FILER PREPARED

So Ordered



IN THE CIRCUIT COURT OF HOT SPRING COUNTY
 STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **30CV-19-24**

Hearing Date:

vs.

SHIRLEY MCADOO

Defendant/Respondent

DECLARATION OF SERVICE OF
 Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **SHIRLEY MCADOO**



I personally delivered the **Summons; Complaint** to **SHIRLEY MCADOO** at **317 OVERMAN ST, MALVERN, Hot Spring County, AR 72104** on **5th day of March, 2019**; or



I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or



I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or



I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or



I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.



I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.



Other [specify]: _____



I was unable to execute service at _____ [place] : _____

My fee is \$: **\$ 65.00**

REF: **00288612**

PAGE 1 OF 2
 ORIGINAL PROOF OF
 SERVICE



Tracking #: **0034051046**

To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

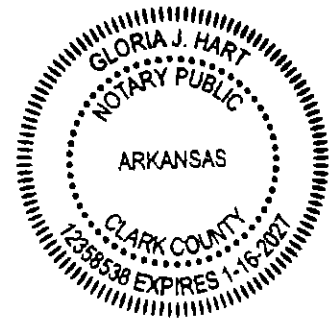
To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 15th day of March, 2019.

Jasmine Sade OGuinn
Jasmine Sade OGuinn, Reg. # 30LS-18-5, Hot Springs County

Subscribed and Sworn to before me this 15th day of March, 2019

Gloria J. Hart
NOTARY PUBLIC in and for the State of Arkansas
Residing at: 103 S. 25th St. Arkadelphia, AR 71923
My commission expires 01-16-2027



Additional information regarding service or attempted service:

SHIRLEY MCADOO, Who accepted service, with identity confirmed by subject stating their name, a red-headed black female approx. 55-65 years of age with an accent and glasses.



IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SUSAN FRANCOIS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, SUSAN FRANCOIS, is an adult resident of 117 LOOKOUT PT APT C3,
HOT SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

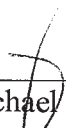
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,439.04

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,626.54**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293212

SReygadas001365

Page 1 of 2

2328000908

**Customer Name** Susan J Francois**Account #** [REDACTED] 6131Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$1,421.38
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$17.66
New Balance	\$1,439.04
Statement closing date	11/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,439.04
Balance Payable To Avoid Further Interest Charges	\$1,439.04
Minimum Payment	\$90.00
Past Due	\$570.00
Total Due	\$660.00
Payment Due Date	12/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,617.07

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged			Amount
Trans Date	Post Date	Description	
11/18/2016	11/19/2016	Interest Charges	\$17.66
TOTAL INTEREST FOR THIS PERIOD			\$17.66
2016 Totals Year To-Date			
Total fees charged in 2016			\$286.20
Total interest charged in 2016			\$196.39

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx6131
New Balance	\$1,439.04
Due Date	12/13/2016
Total Due	\$660.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000908

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425#BWNCKTF
1610015013691314 #
Susan J Francois
117 Lookout Pt Apt C3
Hot Springs AR 71913-6933

[REDACTED] 61310006600000090001439042

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SUSAN FRANCOIS's KAY JEWELERS account identified by the account number [REDACTED] 6131.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,439.04, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F0379990
Qualified In Erie County
My Commission Expires 08-27-2022

51897875
00293212

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SUSAN FRANCOIS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SUSAN FRANCOIS

117 LOOKOUT PT APT C3, , HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293212

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SUSAN FRANCOIS

Case Number: 26CV-19-136

Type: SUMMONS - FILER PREPARED

So Ordered

Rebecca Smith



REBECCA SMITH

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

THEODIS MITCHELL

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, THEODIS MITCHELL, is an adult resident of 324 SKUNK HOLLOW RD,
CONWAY AR 72032.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

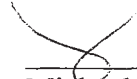
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,881.64

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$2,069.14**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288643

SReygadas001375

Page 1 of 2

1873000544

**Customer Name** Theodis Mitchell**Account #** [REDACTED] 3433Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,862.96
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$18.68

New Balance	\$1,881.64
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,881.64
Balance Payable To Avoid Further Interest Charges	\$1,881.64
Minimum Payment	\$55.00
Past Due	\$440.00
Total Due	\$495.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 YEARS	\$2,429.05
\$65.22	3 YEARS	\$2,311.36 Savings = \$117.69

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$18.68
TOTAL INTEREST FOR THIS PERIOD			\$18.68

2016 Totals Year To-Date

Total fees charged in 2016	\$288.78
Total interest charged in 2016	\$165.90

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3433
New Balance	\$1,881.64
Due Date	10/13/2016
Total Due	\$495.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000544

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301790710394339 #
Theodis Mitchell
324 Skunk Hollow Rd
Conway AR 72032-9001To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001376

KAY KAY

JEWELERS
OUTLET
KAYJEWELERS.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:First Name: Neel M.I.: [REDACTED] Last Name: MitchellHome Address: [REDACTED] Apt: [REDACTED]Phone: [REDACTED] Same Phone Billed Under: [REDACTED]Permanent Mailing Address: [REDACTED]
(If different than above)Previous Address: [REDACTED]
(If at current address less than 3 years)Employer: [REDACTED]Employer: [REDACTED]Phone: [REDACTED] Dept/Ext.: [REDACTED]Previous Employer: [REDACTED]
(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

State of Residence: FR**Joint Applicant Information:**First Name: [REDACTED] M.I.: [REDACTED] Last Name: [REDACTED]Home Address: [REDACTED]
(If different from primary applicant)Phone: [REDACTED] Social Security Number: [REDACTED]Employer Name and Address: [REDACTED]Phone: [REDACTED] Gross Monthly Income: [REDACTED] Length of Time: [REDACTED]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44303-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: [REDACTED] Address of Spouse: [REDACTED]**BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.****In addition, I consent to be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and to the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.**Applicant: X Neel MitchellDate: 3/25/15 Joint Applicant: X [REDACTED]

0300-13S-0000 (R: 10/14) 058127

KAY JEWELERS #1873

MCCAIN MALL
3929 MCCAIN BLVD, SUITE E05B
N LITTLE ROCK, AR 721160000

Date: 08/28/2015

Time: 20:35:51

Sales Slip ID: 40226

Cardholder: MITCHELL, TH
Account No: XXXXXX3433
Purchase Price: \$3493.69
Down Payment: \$2000.00
Credit Plan: BR36

Payment Protection Plan Rate: \$1.110 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1493.69

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance



03/17/1973
Date of Birth


08/28/15
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant THEODIS MITCHELL's KAY JEWELERS account identified by the account number [REDACTED] 3433.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,881.64, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F18378990
Qualified In Erie County
My Commission Expires 08-27-2022

51855943
00288643

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

THEODIS MITCHELL

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

THEODIS MITCHELL

324 SKUNK HOLLOW RD., CONWAY AR 72032

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288643

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES, LLC V THEODIS MITCHELL

Case Number: 23CV-19-118

Type: SUMMONS - FILER PREPARED

So Ordered

B. Donohue



B. Donohue

IN THE CIRCUIT COURT OF FAULKNER COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **23CV-19-118**

Hearing Date:

vs.

THEODIS MITCHELL

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **THEODIS MITCHELL**

☒ I personally delivered the **Summons; Complaint** to **THEODIS MITCHELL** at **324 SKUNK HOLLOW RD, CONWAY, Faulkner County, AR 72032** on **16th day of March, 2019**; or

☐ I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or

☐ I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or

☐ I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

☐ Other [specify]: _____

☐ I was unable to execute service at _____ [place]: _____

My fee is \$: **\$ 65.00**

REF: **00288643**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0034603878**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

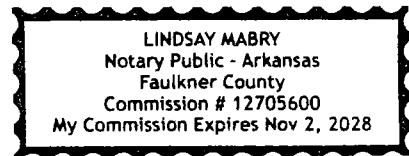
To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 21 day of March, 2019.

Melanie Laughlin
Melanie Laughlin, Reg. # 105, Pulaski

Subscribed and Sworn to before me this 21st day of March, 2019.

Lindsay Mabry
NOTARY PUBLIC in and for the State of Arkansas
Residing at: Arvest - Conway
My commission expires Nov 2, 2028



Additional information regarding service or attempted service:

THEODIS MITCHELL, Who accepted service, with identity confirmed by subject stating their name, a black male approx. 45-55 years of age, 5'6"-5'8" tall, weighing 160-180 lbs with black hair with a goatee.



IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY BLACKMON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, ZACHARY BLACKMON, is an adult resident of 118 CENTER RD,
MAYFLOWER AR 72106.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

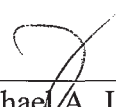
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$2,321.88

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$2,509.38**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281595

SReygadas001386

Page 1 of 2

2524000981

JARED®

The Galleria Of Jewelry

jared.com

Customer Name Zachary T Blackmon

Account [REDACTED] 2826

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,293.10
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$28.78

New Balance	\$2,321.88
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,321.88
Balance Payable To Avoid Further Interest Charges	\$2,321.88
Minimum Payment	\$125.00
Past Due	\$875.00
Total Due	\$1,000.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	22 MONTHS	\$2,669.32

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$28.78
		TOTAL INTEREST FOR THIS PERIOD	\$28.78

2016 Totals Year To-Date

Total fees charged in 2016	\$60.00
Total interest charged in 2016	\$230.24

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2826
New Balance	\$2,321.88
Due Date	09/05/2016
Total Due	\$1,000.00
Amount Enclosed	\$

[REDACTED] 28260010000000125002321887

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

000981

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1600085012218262 #
Zachary T Blackmon
118 Center Rd
Mayflower AR 72106-9418

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ZACHARY BLACKMON's JARED account identified by the account number [REDACTED] 2826.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,321.88, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379890
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51797154
00281595

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY BLACKMON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ZACHARY BLACKMON

118 CENTER RD., MAYFLOWER AR 72106

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281595

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ZACHARY BLACKMON

Case Number: 23CV-19-112

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink, appearing to read "J. Wiggs".

J. WIGGS



Sreygadas001391

ELECTRONICALLY FILED
 Faulkner County Circuit Court
 Crystal Taylor, Circuit Clerk
 2019-Feb-27 16:00:53
 23CV-19-112
 C20D03 : 2 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY
 STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 23CV-19-112

Hearing Date:

vs.

ZACHARY BLACKMON

Defendant/Respondent

DECLARATION OF SERVICE OF
 Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on ZACHARY BLACKMON

☐I personally delivered the **Summons; Complaint** to the individual at _____
 _____ [place] on _____ [date]; or☐I left the **Summons; Complaint** in the proximity of the individual by _____
 after he/she refused to receive it when I offered it to him/her; or☒I left the **Summons; Complaint** with Unknown Person who refused to give true name, a member of the
 defendant's family at least 18 years of age, at **118 CENTER RD, MAYFLOWER, Faulkner County, AR 72106**, a
 place where the defendant resides, on **22nd day of February, 2019**; or☐I delivered the **Summons; Complaint** to _____ [name of individual], an
 agent authorized by appointment or by law to receive service of summons on behalf of _____
 [name of defendant] on _____ [date]; or☐I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on
 the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return
 receipt.☐I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons;**
Complaint by first-class mail to the defendant together with two copies of a notice and acknowledgment and
 received the attached notice and acknowledgment form within twenty days after the date of mailing.☐

Other [specify]: _____

☐I was unable to execute service at _____
 [place] : _____

My fee is \$: \$ 65.00

REF: 00281595

PAGE 1 OF 2
 ORIGINAL PROOF OF
 SERVICE



Tracking #: 0033620931

To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 25 day of February, 2019.

Sarah Butters
Sarah Butters, Reg. # PA-17-15, Van Buren

Subscribed and Sworn to before me this 15 day of February, 2019.

[Signature]
NOTARY PUBLIC in and for the State of Arkansas
Residing at: 2845 Diamond Ward Dr Conway AR 72034
My commission expires 12/30/2023



Additional information regarding service or attempted service:

Jane Doe, WHO REFUSED TO GIVE NAME, SPOUSE, CO-RESIDENT, who accepted service, a black-haired black female approx. 35-45 years of age, 5'6"-5'8" tall and weighing 240-300 lbs.



IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY GREEN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, ZACHARY GREEN, is an adult resident of 3826 LEAU FRAIZ, MALVERN
AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

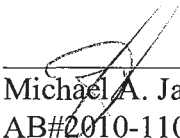
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,122.70

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,310.20**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281597

SReygadas001395

Page 1 of 2

2328000548



Customer Name Zachary A Green
Account # ~~XXXXXXXXXX~~ 9044

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,109.31
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$13.39

New Balance	\$1,122.70
Statement closing date	07/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,122.70
Balance Payable To Avoid Further Interest Charges	\$1,122.70
Minimum Payment	\$70.00
Past Due	\$400.00
Total Due	\$470.00
Payment Due Date	08/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,262.13

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
07/18/2016	07/19/2016	Interest Charges	\$13.39
TOTAL INTEREST FOR THIS PERIOD			\$13.39

2016 Totals Year To-Date

Total fees charged in 2016	\$94.98
Total interest charged in 2016	\$93.20

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9044
New Balance	\$1,122.70
Due Date	08/13/2016
Total Due	\$470.00
Amount Enclosed	\$

~~XXXXXXXXXX~~ 90440004700000070001122701

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000548



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301771719990442 #
Zachary A Green
3826 Leau Fraiz
Malvern AR 72104-8169

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001396

KAY KAY
JEWELERS
OUTLET
KAY.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.☒ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.**NOTICE:** Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.**Applicant Information:**

First Name: Zachary M.I. Last Name: A Green Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N
Home Address: Apt: City: Maxiem AR State: Zip Code: 72104
Phone: Other Phone: Length of Time: 1 yr 6 mo
Statement Mailing Address: (If different than above)
Previous Address: (If at current address less than 3 years) City: Maxiem AR State: Zip Code: 72104 Length of Time: 7 yr
E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my Account.
Position: Self-Employed? Y N
Employer Address: City: HS State: AR Zip Code: 72104
Phone: Dept/Ext.: Length of Time: 2 mo
Previous Employer: (If with current employer less than 1 year) Previous Length of Time: 3 yr 6 mo
*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: 2500

Nearest Relative Not Living With You: State of Residence: AR Phone: 1

Joint Applicant Information:

First Name: Lauren M.I. Last Name: R Aguilar Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N
Home Address: (If different from primary applicant) State: Zip Code: Length of Time:
Phone: Date of Birth:
Employer Name and Address: Self-Employed? Y N
*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is true and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: if you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: X Zachary A. Green

Date: 10-9-15 Joint Applicant: X Lauren Aguilar

0336-139-0000 (P: 10/14) 058127

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 10/09/2015

Time: 13:53:12

Sales Slip ID: 76604

Cardholder: GREEN, ZA
Account No: XXXXXX9044
Purchase Price: \$1215.43
Down Payment: \$225.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

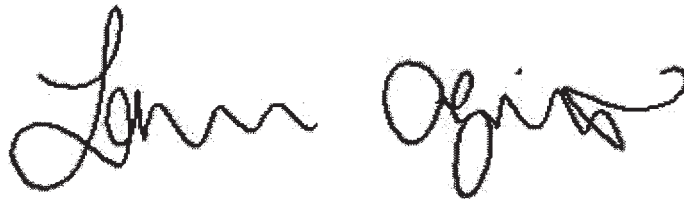
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$990.43

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

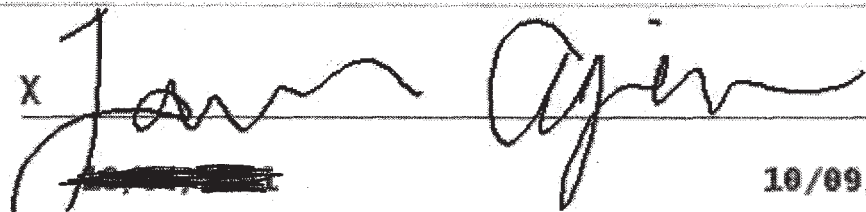


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 
~~XXXXXXXXXX~~ 10/09/15
Date of Birth Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ZACHARY GREEN's KAY JEWELERS account identified by the account number 300009044.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,122.70, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51797158
00281597

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY GREEN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ZACHARY GREEN

3826 LEAU FRAIZ, , MALVERN AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281597

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ZACHARY GREEN

Case Number: 30CV-19-22

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature of Shauna Walton in cursive script, followed by a circular official seal of the Arkansas Judiciary.

SReygadas001402

ELECTRONICALLY FILED
Hot Spring County Circuit Court
Teresa Pilcher, Hot Spring County Circuit Clerk
2019-Mar-23 16:48:31
30CV-19-22
C07D01 : 2 Pages

IN THE CIRCUIT COURT OF HOT SPRING COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

vs.

ZACHARY GREEN

Defendant/Respondent

Cause No.: **30CV-19-22**

Hearing Date:

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **ZACHARY GREEN**

- ☒ I personally delivered the **Summons; Complaint** to **ZACHARY GREEN** at **3826 LEAU FRAIZ, MALVERN, Hot Spring County, AR 72104** on **15th day of March, 2019**; or
- ☐ I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- ☐ I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- ☐ I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of [name of defendant] on _____ [date]; or
- ☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- ☐ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- ☐ Other [specify]: _____
- ☐ I was unable to execute service at _____ [place] : _____

My fee is \$: **\$ 65.00**

REF: **00281597**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0034640333**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

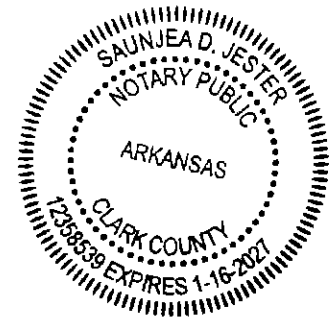
To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 21 day of March, 2019.

Jasmine Sade OGuinn
Jasmine Sade OGuinn, Reg. # 30LS-18-5, Hot Springs County

Subscribed and Sworn to before me this 21 day of March, 2019.

Saunjea D Jester
NOTARY PUBLIC in and for the State of Arkansas
Residing at: 401 Clay Street Philadelphia 71923
My commission expires 1-16-2027



Additional information regarding service or attempted service:

ZACHARY GREEN, Who accepted service, with identity confirmed by subject reaching for docs when named, a white male with an accent.



IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY GREEN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, ZACHARY GREEN, is an adult resident of 3826 LEAU FRAIZ, MALVERN
AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

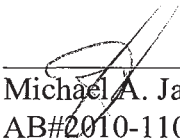
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,122.70

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,310.20**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281597

SReygadas001406

Page 1 of 2

2328000548



Customer Name Zachary A Green
Account # ~~XXXXXXXXXX~~ 9044

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,109.31
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$13.39

New Balance	\$1,122.70
Statement closing date	07/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,122.70
Balance Payable To Avoid Further Interest Charges	\$1,122.70
Minimum Payment	\$70.00
Past Due	\$400.00
Total Due	\$470.00
Payment Due Date	08/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,262.13

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
07/18/2016	07/19/2016	Interest Charges	\$13.39
TOTAL INTEREST FOR THIS PERIOD			\$13.39

2016 Totals Year To-Date

Total fees charged in 2016	\$94.98
Total interest charged in 2016	\$93.20

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9044
New Balance	\$1,122.70
Due Date	08/13/2016
Total Due	\$470.00
Amount Enclosed	\$

~~XXXXXXXXXX~~ 90440004700000070001122701

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000548



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

#BWNCKTF
1301771719990442 #
Zachary A Green
3826 Leau Fraiz
Malvern AR 72104-8169

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Sreygadas001407

KAY KAY
JEWELERS
OUTLET
KAY.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☐ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.☒ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.**NOTICE:** Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.**Applicant Information:**

First Name: Zachary M.I. Last Name: A Green Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N
Home Address: Apt: City: Maxiem AR State: AR Zip Code: 72104
Phone: Other Phone: Length of Time: 1 yr 6 mo
Statement Mailing Address: (If different than above)
Previous Address: (If at current address less than 3 years) City: Maxiem AR State: AR Zip Code: 72104 Length of Time: 7 yr
E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my Account.
Position: Self-Employed? Y N
Employer Address: City: HS State: AR Zip Code: AR
Phone: Dept/Ext.: Length of Time: 2 mo
Previous Employer: (If with current employer less than 1 year) Previous Length of Time: 3 yr 6 mo
*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: 2500
Nearest Relative Not Living With You: State of Residence: AR Phone:

Joint Applicant Information:

First Name: Lauren M.I. Last Name: R Aguilar Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N
Home Address: (If different from primary applicant) State: AR Zip Code: Length of Time:
Phone: Date of Birth:
Employer Name and Address: Self-Employed? Y N
*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is true and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: if you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.**In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.**

Applicant: X Zachary A. Green

Date: 10-9-15 Joint Applicant: X Lauren Aguilar

0330-135-0000 (R: 10/14) 058127

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 10/09/2015

Time: 13:53:12

Sales Slip ID: 76604

Cardholder: GREEN, ZA
Account No: XXXXXX9044
Purchase Price: \$1215.43
Down Payment: \$225.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

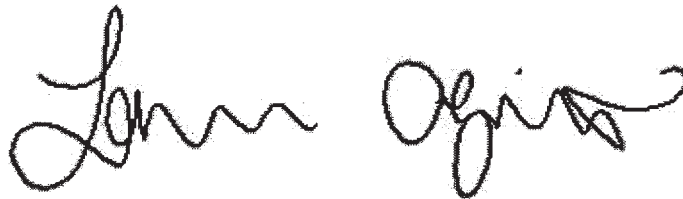
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$990.43

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

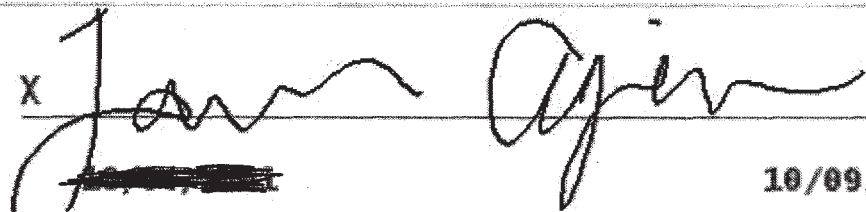


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 
~~XXXXXXXXXX~~ 10/09/15
Date of Birth Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ZACHARY GREEN's KAY JEWELERS account identified by the account number 300009044.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,122.70, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51797158
00281597

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY GREEN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ZACHARY GREEN

3826 LEAU FRAIZ, , MALVERN AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281597

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:





Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ZACHARY GREEN

Case Number: 30CV-19-23

Type: SUMMONS - FILER PREPARED

So Ordered



IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
EASTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACKARY RIDGE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, ZACKARY RIDGE, is an adult resident of 1121 4TH ST, LAKE CITY AR
72437.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.


IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$1,035.88
2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,223.38**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281588

SReygadas001415

Page 1 of 2

2215000446

**Customer Name** Zackary Ridge**Account #** [REDACTED] 8327**Questions?** - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)

P.O. Box 3680

Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,023.30
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$12.58

New Balance	\$1,035.88
Statement closing date	07/24/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,035.88
Balance Payable To Avoid Further Interest Charges	\$1,035.88
Minimum Payment	\$65.00
Past Due	\$455.00
Total Due	\$520.00
Payment Due Date	08/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,163.50

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
07/24/2016	07/25/2016	Interest Charges	\$12.58
		TOTAL INTEREST FOR THIS PERIOD	\$12.58

2016 Totals Year To-Date

Total fees charged in 2016	\$83.47
Total interest charged in 2016	\$87.56

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8327
New Balance	\$1,035.88
Due Date	08/19/2016
Total Due	\$520.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000446

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425#BWNCKTF
1301774429853272 #
Zackary Ridge
1121 4th St
Lake City AR 72437-8618[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 12/19/2015

Time: 20:13:58

Sales Slip ID: 98840

Cardholder: RIDGE, ZA
Account No: XXXXXX8327
Purchase Price: \$862.53
Down Payment: \$0.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

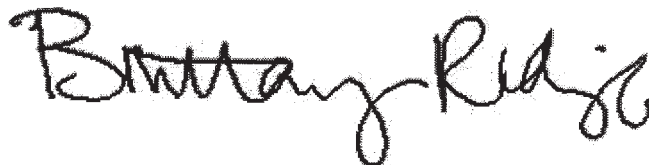
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$862.53

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.




PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 
07/11/1986 12/19/15
Date of Birth Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ZACKARY RIDGE's KAY JEWELERS account identified by the account number [REDACTED] 8327.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,035.88, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


NOTARY PUBLIC

51792072
00281588

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
EASTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACKARY RIDGE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ZACKARY RIDGE

1121 4TH ST., LAKE CITY AR 72437

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

CRAIGHEAD COUNTY CIRCUIT COURT
LAKE CITY, AR 72437

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281588

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ZACHARY RIDGE

Case Number: 16LCV-19-6

Type: SUMMONS - FILER PREPARED

So Ordered

Martha S. Gurley



Martha Gurley, Deputy Clerk

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOSHUA BUCHANAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this
its complaint against the Defendant, as follows:

I.

Defendant, JOSHUA BUCHANAN, is an adult resident of 67 BRIARWOOD ST.,
Greenbrier AR 72058.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This
account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this
account. More than thirty days have elapsed since Defendant received this correspondence and
Defendant has failed to satisfy this account.

IV.

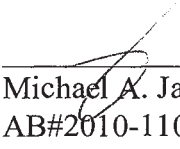
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness,
Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against
the Defendant:

1. Principle and Accrued Interest: \$10,324.71

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$187.50
- TOTAL: \$10,512.21**
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281592

SReygadas001423

JARED
The Galleria Of Jewelry
jared.com

21

SSN

*	*	*	-	*	*	-	5	8	9	6
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JARED Vault JARED LE VIAN
Jewelry Boutique JARED

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

☒ **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

☐ **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

☐ **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:

First Name: joshua	M.I. t	Last Name: buchanan	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input checked="" type="checkbox"/> N 3. Do you have established credit? <input checked="" type="checkbox"/> N		
Home Address:		Apt:	City: maumelle	State: ar	Zip Code: 72113	
Phone:	Name Phone Billed Under: joshua t buchanan		Other Phone:	Length of Time at Address: 3yr 0mo		
Statement Mailing Address: 125 oak ridge cv maumelle ar 72113						
Previous Address:		City:	State:	Zip Code:	Length of Time:	
#:		E-Mail Address:		By providing my E-mail address, I consent to receive E-mail communications about my Account.		
Employer/*Source of Income:		Position:		**Total Monthly Income		
Employer Address:		City: little rock	State: ar	Zip Code: 72211		
Dept/Ext.:		Length of Time at Employer: 4yr 3mo		Previous Length of Time:		
Self-Employed: <input checked="" type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field above)		Previous Employer:		Previous Length of Time:		
Name of Person Not Living With You:		State of Residence: mo		Phone:		

Joint Applicant Information:

First Name:	M.I.	Last Name:	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input checked="" type="checkbox"/> N 3. Do you have established credit? <input checked="" type="checkbox"/> N		
Home Address: (If different from primary applicant)		City:	State:	Zip Code:	Length of Time:	
Phone: ()	Social Security Number:		Date of Birth:	Driver's License #:		
Employer/*Source of Income:		Self-Employed? <input checked="" type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field)		Length of Time at Employer:		
Phone: ()	Length of Time at Employer:		**Total Monthly Income:			

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** **California Residents:** After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. **Ohio Residents:** THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. **New York Residents:** We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. **Wisconsin Residents:** If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X *John Buchanan*

Date: 12/18/2015 Joint Applicant: X

SReygadas001424

Page 1 of 2

2524000570

JARED®

The Galleria Of Jewelry

jared.com

Customer Name **Joshua T Buchanan**Account # **9018**Questions? - Visit us at www.jared.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$10,190.73
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$133.98

New Balance	\$10,324.71
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$10,324.71
Balance Payable To Avoid Further Interest Charges	\$10,324.71
Minimum Payment	\$460.00
Past Due	\$2,100.00
Total Due	\$2,560.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	27 MONTHS	\$12,301.98

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$133.98
		TOTAL INTEREST FOR THIS PERIOD	\$133.98

2016 Totals Year To-Date

Total fees charged in 2016	\$883.88
Total interest charged in 2016	\$702.40

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9018
New Balance	\$10,324.71
Due Date	09/05/2016
Total Due	\$2,560.00
Amount Enclosed	\$

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

000570

JARED®

The Galleria Of Jewelry

jared.com

JARED GALLERIA OF JEWELRY

P.O.Box 740425

Cincinnati OH 45274-0425

#BWNCKTF

1301784315910185

Joshua T Buchanan

125 Oak Ridge Cv

Maumelle AR 72113-6845

To review important notices, click [here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Park Avenue
310 South University Ave
Little Rock, AR 72205

Date: 12/18/2015

Time: 15:14:16

Sales Slip ID: 30219

Cardholder: BUCHANAN, JO
Account No: XXXX9018
Purchase Price: \$10033.43
Down Payment: \$1000.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. ACCESSORIES AND WATCHES MUST BE IN ORIGINAL CONDITION (UNWORN & UNALTERED). WATCHES MUST BE ACCOMPANIED BY ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$9033.43

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED GALLERIA OF JEWELRY Retail Installment Charge Agreement, the terms of which are incorporated by reference.

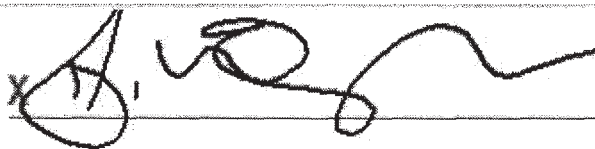


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance



11/15/1979

Date of Birth

12/18/15


Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JOSHUA BUCHANAN's JARED account identified by the account number [REDACTED] 9018.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$10,324.71, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavone

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51797151
00281592

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOSHUA BUCHANAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JOSHUA BUCHANAN

67 BRIARWOOD ST., , Greenbrier AR 72058

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281592

RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ .m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JOSHUA BUCHANAN

Case Number: 23CV-19-144

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink, appearing to read "J. Wiggs".

J.WIGGS



RETURN OF SERVICE

State of Arkansas

City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____ m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of

_____, 2018.

Notary Public

My Commission Expires:
